the Canadian Nurse

VOLUME 57 • NUMBER 6

MONTREAL

JUNE 1961

HIGHLIGHTS

MUSSALLEM — A Whispering into the Wind

SOMMER — Who Should Teach Specialized Courses?

FOREST — The Instructor in Nursing

GEMEROY — Teaching in the Clinical Field

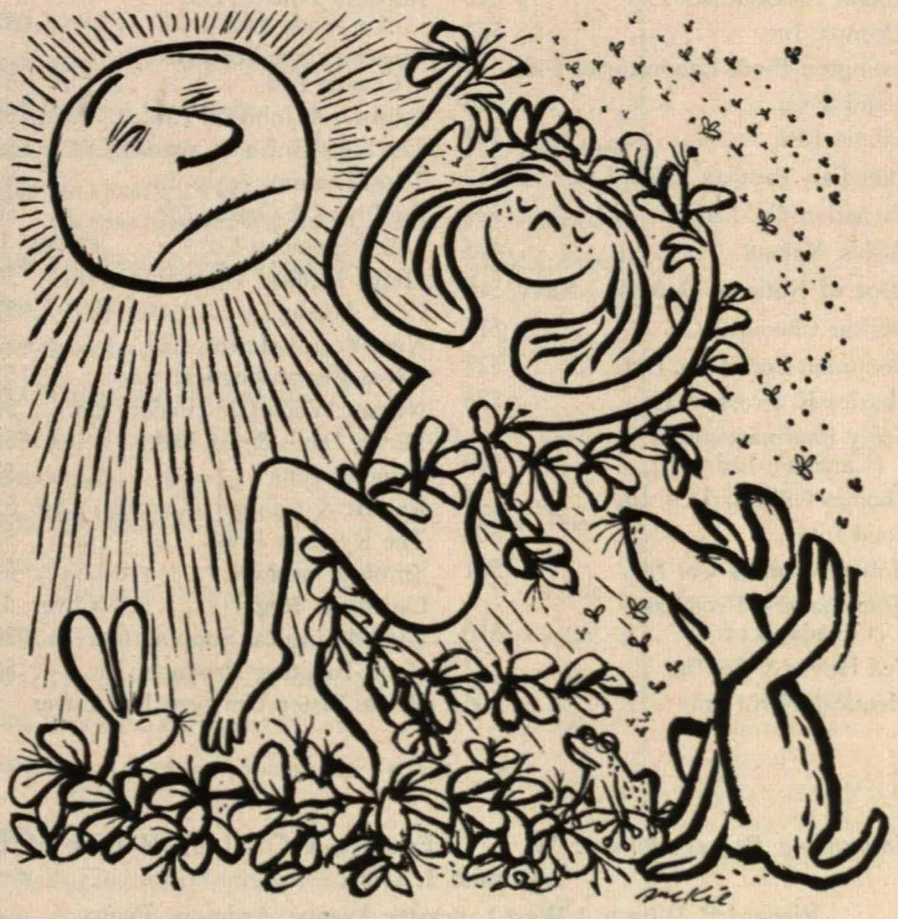
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Advertising Representatives: W. F. L. Edwards & Co., Ltd., 34 King St. E., Toronto 1, Ont.

Richard P. Wilson, 1 West Lancaster Avenue, Ardmore, Penna.

Address advertising enquiries to:

Advertising Manager, Ruth H. Baumel, The Canadian Nurse Journal

1522 Sherbrooke Street West, Montreal 25, Quebec.

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VOLUME 57 **NUMBER 6**

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Subscription Rates: Canada & Bermuda: 6 months $1.75; one year, $3.00; two years, $5.00.
Student nurses — one year, $2.00; three years, $5.00.
U.S.A. & foreign: one year, $3.50; two years, $6.00.
Single copies 35 cents.
For subscribers in Canada, in combination with the
American Journal of Nursing: 1 year, $8.00; *Nursing Outlook:* 1 year, $7.00.
Make cheques and money orders payable to The Canadian Nurse.
Change of address: Four weeks' notice and the old address as well as the new are neecessary.
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Between Ourselves

In public speaking courses, instruction is given in how to introduce a speaker who is not too well known to the audience. The usual procedure, after naming the personage, is to give information concerning her present work, her preparation for that work; to note her authority for speaking on her assigned topic, etc. This kind of an introduction is reasonably familiar to all of us. The program chairman is often bogged down on how to introduce a well-known person. Beyond stating her name, how much more should be said? The answer to that question is that courtesy demands that such a bald introduction should be avoided. Perhaps there is only one person in the whole audience who does not know the speaker as well as you do. Yet, a gracious, friendly introduction is always in order.

We were thinking about this matter of introductions in connection with our guest editor, **Helen K. Mussallem.** She is very well known to the staffs of many of the schools of nursing across Canada. Others of you have had an opportunity by reading her report of the Pilot Project, to become acquainted with her line of thought, her philosophy respecting nursing education, her ability to prepare carefully yet clearly phrased language that is readily understood by all her readers. Perhaps you have not learned that Miss Mussallem, though she longed to return to work in British Columbia, has consented to initiate, direct and coordinate all of the various special studies currently being launched by our national association. That is not a task that can be completed in a brief time, as you will realize when you read the editorial. Every facet of the education of nurses, including the service fields in which students receive their practical experience, will be explored. You will be hearing a great deal more about this in the months *and* the years to come.

* * *

Last month, the addresses presented from the Study Day of the Quebec nurses' association dealt broadly with aspects of nursing service. In this issue we have assembled the group of papers relating particularly to nursing education.

Viewed objectively these are two sides of the same problem — how can the quality of care provided by professional nurses be improved? In the past few months we have published several articles in which the various authors undertook to assess the problem in the light of their personal approach. Perhaps some of you found some of the answers you have sought as you read. Whether you have been helped in reappraising your own philosophy of nursing depends to a considerable degree on the extent to which you recognize that each one of us must evolve our own personal philosophy toward the supreme purpose for which the nursing profession exists — the care of life.

Too many of us tend to regard care of life in the abstract or in the mass. We talk about the daily hospital census, as if the human beings who constitute that census were comparable to the inventory of manufactured goods in a storeroom. Such statistics serve a purpose but they are cold, soulless. Nursing and nurses must guard against the possibility of such criticism being leveled against themselves. Such cardinal points as honesty, thoughtfulness, a sense of duty, work well done, kindliness, give us a lead to follow in our endless search for quality in nursing care.

* * *

As this column is being written we are clearing things up preparatory to beginning the long trek to Australia. By the time you are reading it, the 12th Congress of the International Council of Nurses will be a matter of history. Our report of the whole proceedings will be ready to share with you in the July issue.

Already we know that more than 2000 nurses from more than 40 countries plan to be present. At least 60 nurses from Canada have filed application forms to attend, including some student nurses. Canada's voting delegates at the Grand Council sessions included: our President, HELEN M. CARPENTER; the 1st Vice President, E. A. ELECTA MACLENNAN; the immediate Past President, ALICE GIRARD; the Chairman of the Journal Board, SISTER MARY FELICITAS; and the president of the Registered Nurses' Association of British Columbia, EDNA ROSSITER.

The Ontario Government recently introduced a bill in the legislature which would bar racial or religious discrimination in apartment rentals.

Human Rights Review, Jan.-Feb., 1961


H|R
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Treat Diaper Rash with
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Indications—For the relief of physical and emotional stress of premenstrual tension, i.e. edema, mood changes and gastrointestinal distress.

Description—Each tablet contains 25 mg. of hydrochlorothiazide and 200 mg. of meprobamate.

Administration—One tablet q.d. or b.i.d., when symptoms appear or somewhat in anticipation of them, and continuing until the onset of the menses.

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Administration—In obesity one 10 or 15 mg. Gradumet ½-1 hr. before breakfast. Repeat before lunch if necessary. To counteract depression, etc. 15 mg. in the morning and 10 or 15 mg. twice or three times a day, according to the patient's response; medication should be given during or after meals.

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Description—Each tablet contains 20 mg. and each cc. 50 mg. of vanillic acid diethylamide.

Administration—I/V: 1-2 mg./kg. in a single injection to 2 mg./kg. at 5 minute intervals until easy arousal is achieved. I/V infusion: 1000 mg. diluted in 250 cc. of 5% glucose or normal saline, at rate of 40 gtts/minute. Orally: 20-40 mg. b.i.d. to q.i.d.

ESIDRIX-K (CIBA)

Indications—Edema and hypertension.

Description—Each tablet contains 500 mg. of potassium chloride and 25 mg. of hydrochlorothiazide.

Administration—In edema, 2-4 tablets after breakfast and lunch, then once or twice daily until dry weight is attained; maintenance 1-4 tablets daily or intermittently. In hypertension, initially 2 tablets after breakfast, one after lunch. Maintenance 1-4 tablets daily.

GERILIQUID (LAKESIDE)

Indications—Conditions associated with impaired peripheral circulation.

Description—Each teaspoonful (5 ml.) contains 75 mg. of niacin and 750 mg. of glycine in a sherry wine base. Alcohol content is 5%.

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Description—A child-proof safety cap for Espirets (baby-size acetylsalicylic acid tablets) that requires adult skill to remove. The cap and vial are made of break-proof plastic.

TAIN (ANCA)

Indications—For symptomatic relief of the common cold and prevention of secondary complications.

Description—Triacetyoleandomycin 125 mg., Triaminic 25 mg. and acetylsalicylic acid 300 mg.

Administration—Adults: 2-4 tablets daily. Continue therapy 24-48 hrs. after fever and other symptoms subside.

The Journal presents pharmaceuticals for information. Nurses understand that only a physician may prescribe.

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Uses—First aid departments, especially in industry where storage space is at a minimum.

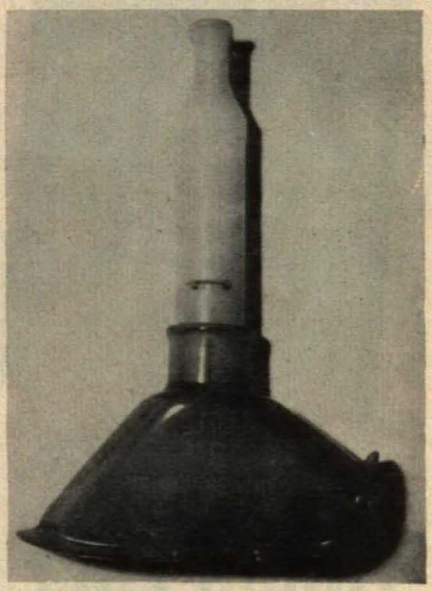
Description—Plastic coated nylon stretcher and aluminum folding base on wheels.

SURGAIRE (AMERICAN CYANAMID)

Indications—In the control of offensive odors emanating from surgical wounds.

Description—A sterile spray deodorant that is applied to the outside of the dressing covering the surgical wound.

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Description—A flexible face mask separates the rescuer from the victim and fits both adults and children. The rescuer breathes through a tube to inflate the victim's lungs, as the victim's lungs deflate, a one-way valve directs his breath away from the rescuer's face. Nothing is inserted in the throat of the victim to cause gagging or injury.

Manufacturer—Further information may be obtained from Venti-Breather Products, Inc., 725 Fifteenth Street, N.W., Washington 5, D.C.

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Random Comments

Dear Editor:

Following an objective criticism (and, I hope, constructive) of *L'Infirmière Canadienne*, which was done in class at the suggestion of the professor, permit me to express some points which I noticed while studying its pages.

The October, 1960 issue reported on the activities of the biennial meeting at Halifax, the results of the Pilot Project and a summary of clinical laboratory procedures. The subjects were of interest to all nurses. I am certain that the editions which present a specific theme, such as those of July and August, are also a source of information which is much appreciated.

The presentation of the profiles of the members of the CNA executive committee, seem to me to be of secondary interest in a journal in which the number of pages is so limited. Without doubt, these persons are entitled to our admiration for the work that they are doing, and, I place my confidence in them, without seeing their pictures.

In regard to the format of the Journal, it conforms to generally accepted rules. The cover is pleasing. The colors make it appear modern and youthful. The layout, in general, could be more artistic, and more attention could be given to articles of major interest.

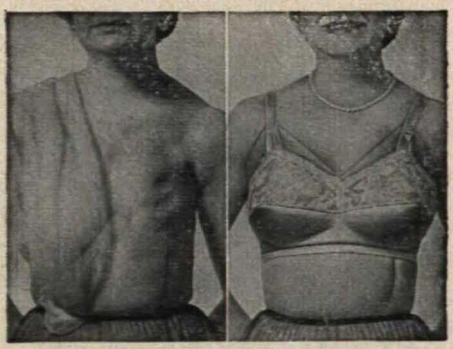
Why allot the centre pages to a commonplace pharmaceutical advertisement? It seems to me that the Clinical Laboratory Procedures could have been placed there in such a way as to permit those who wished to remove them and keep them together as a unit.

Further, I do not understand why the ads are on right-hand pages. These pages, normally, are reserved for the most interesting or most important material. Are we to conclude that the ads are to be read first? In my opinion, the same applies to their assignment to the upper half of a page. For instance, on page 803, we are faced with "Alconox" before discovering an article that seems to me to be of prime importance.

The subscriber who wants to have the *Journal* bound, is obliged to include a multitude of advertisements. The topics in the Journal can serve as a source of reference, because certain articles are always topical, but the ads become obsolete quickly and are constantly repeated. I understand the remunerative value of commercial advertising


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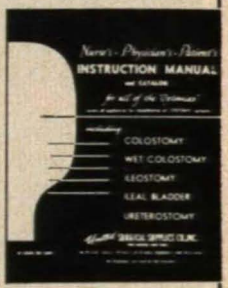
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SEND FREE COPY of "MANUAL 124" with explanatory charts.

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City **Prov.**

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PORT CHESTER, NEW YORK

in a journal; I simply wish to suggest that they do not face us all the way through the text — that they be placed before and after the articles.

Another important aspect of the presentation. We still continue to hope that this professional journal of undeniable scientific value, will be written in language that is correct in every way. Is there sufficient personnel assigned to the French publication? Is it sufficiently experienced? Is the translation service of high quality?

In many ways, it would be useful and interesting for nurses to be able to compare their journal favorably with other publications of the same type, even though it is their own. We would derive more benefit from it if it becomes more and more a practical journal; it is not a question of presenting theories that lack sense, but of realities that are closely connected with life and nursing in any field. This a tall order to fill, everyone will agree, but would it not be a means of raising the standards of the profession while enriching individual knowledge?

FERNANDE BORDELEAU, student
Ecole d'hygiène, University of Montreal.

Drapolex

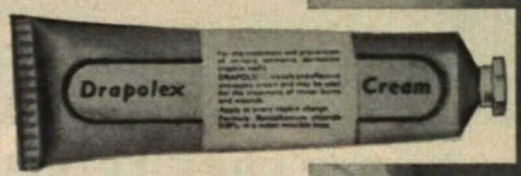
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Prophylactic and Therapeutic

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The Benzalkonium Chloride in DRAPOLEX is effective against a wide range of pathogens as well as the urea splitting organisms. For that reason, where secondary infection exists, both primary and secondary infections can be treated as one.

DRAPOLEX is effective also in the treatment of urinary ammonia dermatitis attending senile and mental incontinence as well as genito-urinary conditions.





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- Minimizes turning of patients
- Promotes healing of existing cases
- Shortens hospitalization time

The AIRMASS Alternating Pressure Pad consists of a heavy-gauge, 2-ply plastic pad (full bed length) and a quiet, efficient air pump. Pad contains 2 separate sets of 10 air cells each, running lengthwise, which alternately inflate and deflate in 3 minute cycles.

NEW air pump design—NEW features!

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There is no one point of pressure under a patient's body for any longer than 1½ minutes, due to constantly alternating, gentle, air-controlled action. The patient feels nothing but comfort. Pad is protected for continuous use by easily-cleaned plastic sleeve cover . . . pump is built for day-in, day-out service.

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I am pleased to know about the new, improved AIRMASS Alternating Pressure Point Pad.

I would like your immediate reply to the items I have checked:

- ☐ 30 day Free Trial
- ☐ Name of my nearest dealer
- ☐ Information on purchase and or rental
- ☐ A demonstration
- ☐ Authoritative clinical information

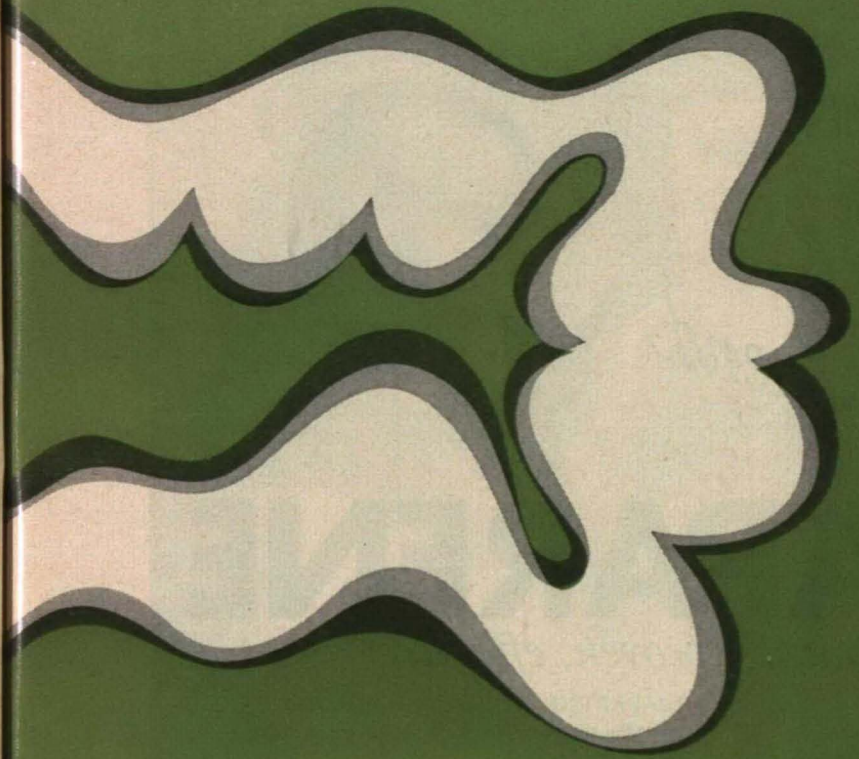
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gentle stimulation of peristalsis by contact alone

Tablets 5 mg. each: 2 to 3 tablets at bedtime for overnight action, or ½ hour before breakfast for action in 1 to 6 hours.



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Action by contact with the colonic mucosa

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Virtually non-toxic and free from side-effects

Convenience of two pharmaceutical forms

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Suppositories 10 mg. each: One suppository is usually sufficient to produce an action within ½ hour.

I-1476

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Diaper
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*Niedelman, M. L. and Bleier, A.; Jour. Ped., 37:5, 762, Nov. 1950
Fischer, C. C. and Lipschutz, A.; Am. Jour. Dis. Child, 89:5, 596, May 1955
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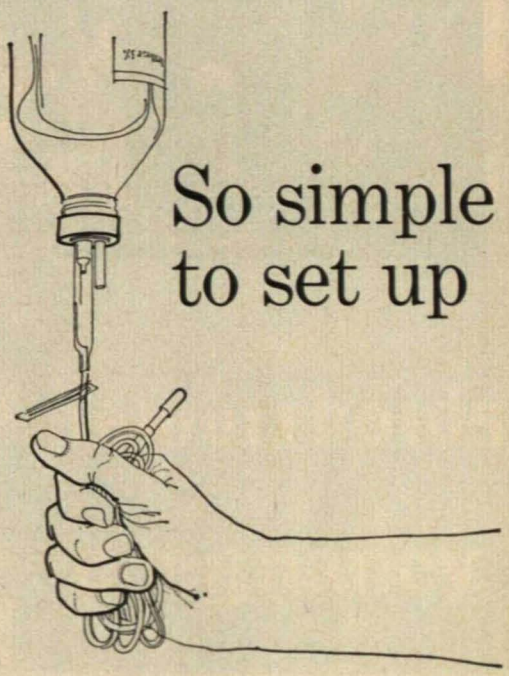
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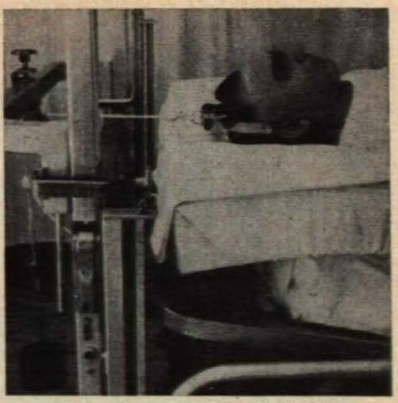


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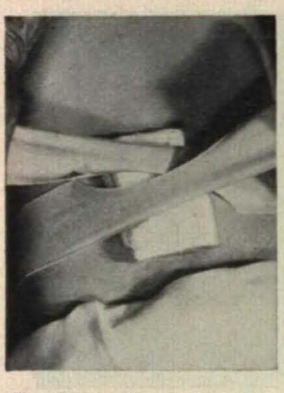
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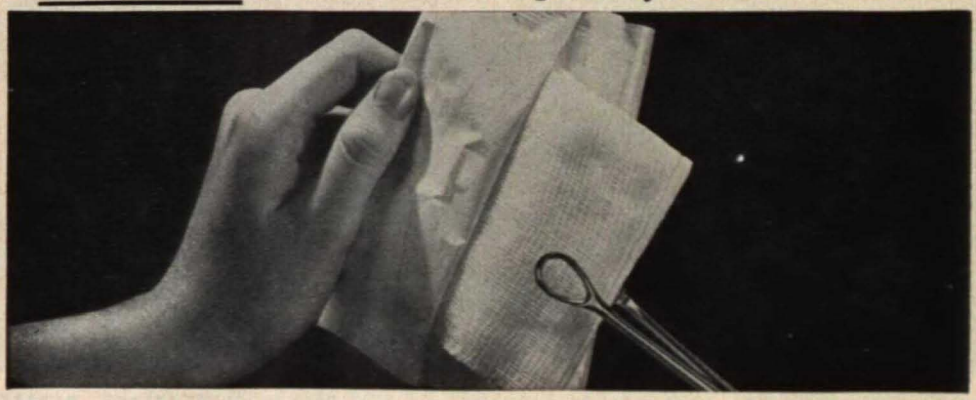
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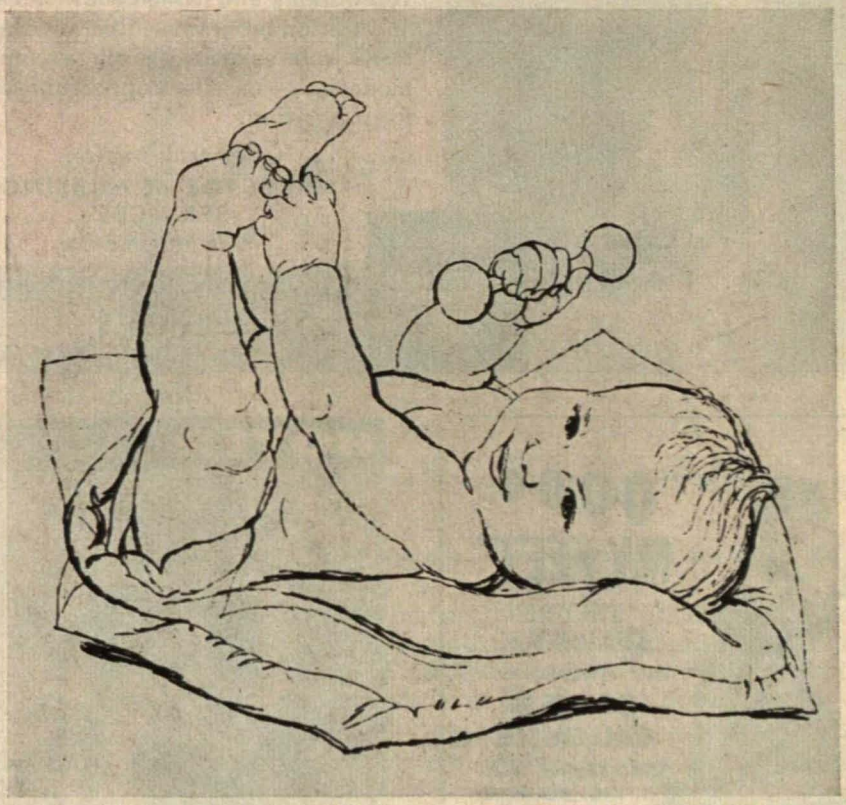
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1. Marks, M.M.: Am. J. Digest. Dis. 18:219, 1951

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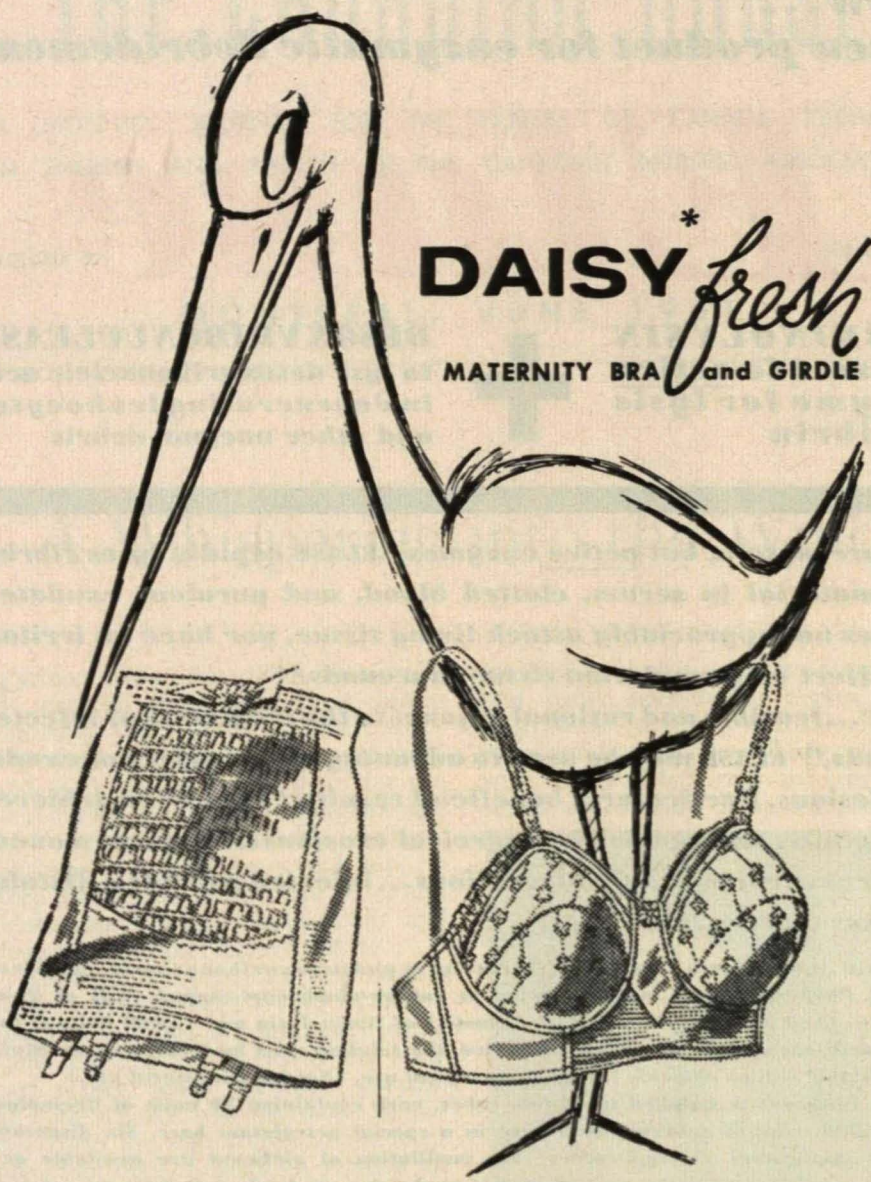
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REFERENCES: *(1) Coon, W. W.; Wolfman, E. F., Jr.; Foote, J. A., & Hodgson, P. E.:* Am. J. Surg. **98**:4, *1959. (2) Friedman, E. A.; Little, W. A., & Sachtleben, M. R.:* Am. J. Obst. & Gynec. **79**:474, *1960. (3) Margulis, R. R., & Brush, B. E.:* Arch. Surg. **65**:511, *1952. (4) Personal Communications to the Department of Clinical Investigation, Parke, Davis & Company, 1959.*

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A MONTHLY JOURNAL FOR THE NURSES OF CANADA PUBLISHED IN ENGLISH AND FRENCH BY THE CANADIAN NURSES' ASSOCIATION

VOLUME 57 NUMBER 6

MONTREAL, JUNE 1961

A Whispering into the Wind

PEOPLE tell a story about a man who used to make pony carts during the early years of this century. After the automobile was invented, and more and more people bought them for use as a means of transportation, the sale of his pony carts naturally declined. Shaking his head, he would say, "I keep making my pony carts better and better, but I keep selling fewer and fewer. I just don't understand it!"

Through the years, nursing leaders in Canada have been trying to ensure that nursing does not find itself in the same dilemma. In the case of the pony cart maker, while the basic purpose of both vehicles was the same, he did not grasp the significance of the technological developments in relation to transportation. The basic purpose of nursing and nursing education remains the same, but with the scientific and sociological developments, the health needs of society have changed. Nursing and nursing education must change to meet these needs. The keynote is change, but it should be *directed* change if it is to guide the profession towards higher achievements.

Looking back over half a century of the organized profession, we are aware that many outstanding nurses have spearheaded drives towards improved education for nurses. They worked with unparalleled zeal to create a sound and socially motivated plan for



(Kern of Artona)

HELEN MUSSALLEM

the education of nurses — yet the results were disappointingly small. We ask ourselves many questions about why the results were so small when the enthusiasm and drive were so great. For these questions we have many answers. Yet, it is doubtful if nursing care is being provided in sufficient quantity or of sufficient quality to meet the health needs of this country.

Why has the road to change in nursing education been so difficult? Perhaps the problem is that *we have never found the right road.* Is it possible that we have been floundering around in the underbrush, speculating as to where the path is, instead of climbing a tree to see the whole landscape? Instead of a mere track there may be a broad highway within sight. Nurses have been eager to climb heights looking for better methods of educating nurses, but many factors have militated against their proposals and ideas.

In 1874, hospital schools of nursing were established in Canada and reported to have been "patterned after the Nightingale system." But one vital principle of that system was violated, and to this day has remained unchanged. Referring to this problem, Miss Kathleen Russell has written:

> Instead of the radical change which might have taken place in the 1920's, we have worried through thirty additional years of confused effort, dealing with symptoms rather than with the disease itself. Certainly some improvement in detail has been effected but the fundamental condition has remained the same in that the hospital board of governors pays for the school, and therefore controls it, while the student has retained the status of an employee and works her passage through the training course by servicing the hospital.

How can change be brought about, if we believe there should be change? What are the dynamics of planned change? In a recent address, Dr. Wilder Penfield stated:

> Neither governments nor educationalists will be able to accomplish much unless their efforts are supported by an enlightened public opinion, aware of the needs and willing to make the necessary sacrifices.

Do we have an enlightened public? What are the sacrifices? Is the price tag too high? What were the ingredients used by Miss Nightingale to bring about such monumental changes?

If we are to achieve our goal of providing improved quality and quantity of nursing, then it seems necessary that action occur both within and outside the profession. One writer maintains that:

> Utopia, insofar as is humanly possible, can be realized only through trench warfare. Between Utopia on one hand and the feasible on the other lies no man's land, so well characterized by Browning as "the petty done, the undone vast," which has to be conquered step by step.

What are the steps that the Canadian Nurses' Association is taking?

As a result of acceptance by the general membership of the CNA of the Recommendations of the *Report of the Pilot Project for the Evaluation of Schools of Nursing,* three large projects — the trees we propose to climb — have now been initiated. They are:

1. A re-examination and study of the whole field of nursing education.

The terms of reference for this study, approved by the CNA Executive Committee, are:

(a) inquire into, and report on, the system of education for nurses with special consideration given to the problem of establishing educationally sound schools of nursing; and

(b) make recommendations to the Canadian Nurses' Association as to necessary measures required for the development of schools of nursing which would provide the most effective and efficient means of preparing qualified practitioners.

2. The development of a school improvement program to assist schools in upgrading their educational programs.

The CNA Executive Committee recommended that this program accent those values which can be used in the present system of education and can be transferred to any new system.

3. The development of a program for evaluating the quality of nursing service in the areas where students in schools of nursing receive their clinical experience.

It is envisaged that this program will be developed to include an evaluation of nursing services in all clinical settings.

The *Report* includes one further recommendation "that a program of accreditation for schools of nursing be developed by the Canadian Nurses' Association." This recommendation will be reviewed when the study of the whole field of nursing education has been completed.

The magnitude of the three projects now underway cannot be underestimated, but should we not ask ourselves if these programs are bold enough to achieve what we, as an Association, are committed to do?

The objects of our national association are as follows:

(a) To dignify the profession of nursing by maintaining and improving the ethical and professional standards of nursing education and service;

(b) to encourage its members to participate in affairs promoting the public welfare;

(c) to promote the best interests of the nurses of Canada and to maintain national unity among them;

(d) to encourage an attitude of mutual understanding with the nurses of other countries; and

(e) such other lawful acts and things as are incidental or conducive to the attainment of the above objects.

Is the organized profession bending every effort to achieve these objectives? How vital a role are we playing in our rapidly changing society in Canada?

No recent edition of a daily paper fails to include some report on plans or problems of health care in Great Britain, Canada or the United States. A recent editorial in a Canadian newspaper states:

> . . . raising doubts or worrying about some aspects of this trend is a whispering into the wind. The times are moving towards popular security just as they once moved towards popular suffrage. And of course none should stop working for the goal that allows everyone to live in sickness and in health without fear of destitution and in keeping with human dignity . . .
>
> The worthiness of the ideal is beyond question. But when one reads of . . . these services who cannot wonder where it will all end? And what is the effect of guaranteed welfare on a people? We simply do not know the answers to those questions, because never before in history have free countries tried to do so much for so many.

We must consider not only this trend and its implications, but also that a Royal Commission is set to examine the feasibility of extending health insurance to include medical care.

It may be a truism to say that the nursing profession finds itself in a challenging position. What we do in the next few years may determine our entire future as a profession. But more important is the effect of the profession's decisions on the health care of the people whom we are dedicated to serve.

Will we find ourselves in the position of the unhappy pony cart maker, or will we together move like the makers of the automobile into better methods of educating nurses. Instead of a "whispering into the wind" let our voices be heard through the winds of change.

HELEN MUSSALLEM
Director of Special Studies
Canadian Nurses' Association

Coming!

in JULY, 1961

Kerr — Report from the ICN in Melbourne
Jourard — Roles That Sicken and Transactions That Heal
Crow — Bleeding Duodenal Ulcer
Breault — Phlebitis
Bayne — Patients with Long-term Illness
LaFlair — The Public Health Nurse in Research
plus additional material

Who Should Teach Specialized Courses?

ROBERT SOMMER, PH.D.

Who is to teach anatomy, sociology and pediatrics to nurses? In hospitals with nurses' training programs this question arises often enough to merit serious attention.

DIRECTORS of nursing education usually have very poor luck with courses conducted solely by guest lecturers. They may find that no psychiatrist is willing to teach a course in psychiatry because he considers it time-consuming, uninteresting and elementary. The nursing educator may feel herself lucky if she manages to get two hours a week from a third-year resident.

These guest lecturers are often unreliable. They always seem to be rushing off to conferences, forgetting about classroom appointments, and are otherwise oblivious to the needs of the program. Furthermore, although competent in clinical work, they may be very poor teachers. Frequently they lack the patience and attitudes that are necessary for good teaching. They may talk in terms that are unintelligible to the nurses and discuss topics that have no relevance to their interests. A lecturer who feels that teaching is an imposition on his time is certainly not motivated for a good presentation. Moreover, the nursing educator finds that she has very little control over these lecturers. They are often arbitrary in their choice of topics and in the hours they make available for teaching purposes.

The Nurse Instructor

In view of all these difficulties it is hardly surprising that many nursing educators insist that their programs be carried out by full-time nursing personnel. The question then arises as to whether or not a nurse is capable of teaching pediatrics, psychiatry, psychology, or sociology. Even assuming that a nursing instructor has had additional university training, is it fair to assume that one or two courses in a subject qualifies her to teach it? The matter is further complicated by the nature of the course that must be taught and the time allowed in which to teach it. The ordinary university course occupying 90 hours over a nine-month period must be distilled into a 20-hour course to be given in two months. Outside assignments must be kept at a bare minimum. The nursing instructor is not only faced with the problem of teaching a course in which she has a minimal background, but she must also teach it under conditions that are far from ideal.

A Possible Solution

The nature of the problem was brought home to me when a young nursing instructor was assigned to teach a course in psychology. Like her immediate predecessor she felt very uneasy about teaching a course in basic psychology, especially since there were two psychologists on the hospital staff. Fortunately, the instructor decided to come to my office and discuss the problem. She told me how awkward she felt in her situation and wondered what I thought about her problem.

I assured her that I was in no way hurt that she had been chosen to teach the course. I recounted how, in another specialty, the course had been taught by a trained person and the results were far from satisfactory. Nurses had complained that the lecturer "talker over their heads" and included topics in which they were not interested. He had used words that were highly technical. In view of this and the experience of the school of nursing with several other guest lecturers, I was in full agreement with the principle that the bulk of the teaching, especially at the elementary levels, should be done by full-time teaching personnel.

I told the instructor that I saw no reason why she could not teach a satisfactory introductory course even on

Dr. Sommer is research social psychologist at the Saskatchewan Hospital, Weyburn, Sask.

the basis of her limited knowledge. During the first year, she might be only one or two chapters ahead of her students. However, by the second and third years, as her notes began to accumulate, she would have no difficulty in teaching the course. I added that I would be very happy to help her whenever she ran into difficulty. Then, she brought up several questions that had been raised by her students. These were fairly typical ones likely to be asked by any group of new psychology students, and concerned with the most interesting yet controversial areas in psychology — telepathy, emotion, and extra-sensory perception. Since even lecturers with Ph.D's. are often embarrassed by these questions, I reassured her that no one expected her to give final answers on these topics. From her standpoint, the most substantial point that had emerged from the discussion was my willingness to advise her whenever problems arose.

This seems a good solution for even the busiest specialist in a hospital. Even though he may be unwilling to prepare and deliver lectures, he should not be reluctant to discuss his specialty with the nursing instructor who is going to teach it. Even doctors who are temperamentally unsuited to teaching may be very helpful to the nursing instructor in a half-hour conference on their areas of interest.

Controlling the Guest Lecturer

When outside lecturers are used, the school of nursing should have some control over the content of their presentations. Often a speaker has no idea of what is wanted and discusses topics that interest him, in spite of the fact that they may have no relevance to the nursing syllabus. This attitude may be abetted by the nursing education department. I recall being asked to give a series of lectures to nurses on psychology. My query as to what was wanted was met with, "Well, anything you wish." It turned out that the faculty was so happy to obtain an outside speaker that its members were willing to accept anything that I was prepared to say. Since the range of topics in psychology is incalculable, I was in quite a quandary as to the content of the lectures. I finally decided on perception and learning.

Some of our experiences with guest lecturers in this hospital may be of interest to other schools. Some doctors would always endeavor to present a variety of viewpoints. For example, if they were speaking about working with older patients, they would attempt to summarize the different theories. If they were discussing a drug, they mentioned that some of the evidence had been positive while some had been negative. This would be quite confusing to the nurses who wanted to hear things that could be applied on the wards. Being told that a drug sometimes works and sometimes doesn't is not very reassuring when it comes to using it in the future. In one specialty we found that a doctor who held one theoretical viewpoint would give lectures that bore no resemblance to those of doctors with a different orientation.

Conclusion

Obviously it would be desirable for full-time specialists to be attached to the school of nursing. These people would be better qualified to teach the *basic* science courses although they would not necessarily be qualified to teach applied courses. For example, a university professor of sociology would be the best choice to teach a basic course in this subject for nurses but this does not mean that he would be competent to teach ward administration or interpersonal relations in nursing. In many medical schools the basic physiology course is taught by the professor of physiology while the courses in *applied* physiology are taught by a medical practitioner. However in most nurses' programs the choice is not between a full-time specialist attached to the school and a full-time nursing educator, but between a full-time nursing educator with some advanced training in a specialty and a number of part-time specialists with varying degrees of interest in the program.

Who then is to teach the elementary courses for student nurses? I would say that these courses should be taught by full-time nursing personnel who have had advanced preparation in teaching and in the specialties for which they will be responsible. The nurse who teaches a specialty should

be provided with a competent advisor to whom she can go when problems arise. This arrangement would seem to be far more satisfactory for all concerned than one in which the director of nurses tries to schedule busy, uninterested people for nursing classes. Only in this way can we be assured that the teaching function in our hospitals will not be considered an unwanted burden that distracts a lecturer from his main duties.

THE INSTRUCTOR IN NURSING

SISTER JEANNE FOREST, S.G.M., B.SC.ED.INF.

Modern nursing calls for sound personal and professional development of those who assume responsibility for it.

FROM ALL APPEARANCES, societal changes will continue at the rapid pace characteristic of past years. Today's student of nursing, the graduate of tomorrow, must receive adequate preparation to permit her to perform competently in her chosen field. She will be assured of it through instructors who help her to acquire the necessary knowledge and skills and who cultivate an understanding of modern nursing. The role of the instructor in the school of nursing is, therefore, of major importance. Thoughtful preparation is required for the individual who enters the teaching field.

In discussing preparation of instructors we can base our thinking upon four main aspects: What we *know*, what we *believe*, what we *want* and what we can *do*.

We *know* the problem which exists. There is an insufficient number of nurses prepared to teach. Statistics show that in 34 schools of nursing in the province of Quebec about which we have information, only 44 full-time instructors possessed bachelor's degrees. True, this indicated some progress! In 1946, there were only 14 instructors who possessed this qualification in this same area. We know that as a result of inadequacy in numbers, those who carry the responsibility for educational programs are overburdened. This seriously jeopardizes the student's professional growth. We are also aware of the fact that instability among present staff adds to the difficulties. Some instructors leave through marriage; others, dissatisfied with working conditions, seek new fields.

Recruitment of nurses into teaching presents problems. The nurse does not want to leave the patient or she feels that she would not like teaching. Financial difficulties may prohibit advanced study for many. Quite understandably, the nurse is not always able to turn to her family for help. There are some bursaries available but generally they are inadequate in number and amount. The nurse must continue to work to supplement her income and this is enough to discourage the best of intentions.

We know and we understand the problem. Even recognizing its existence is a big step forward since this knowledge can serve as a jumping off spot for concerted, effective action. The problem should *stimulate*, not discourage us.

We *believe* that teaching is a highly worthwhile occupation; that the nurse who makes a career of it gains, rather than loses prestige and finds a source of ever-increasing interest. We believe that, instead of *leaving* the patient, the nurse who teaches is really contributing to his welfare by producing more nurses who are better prepared to give nursing care. We believe that an adequate number of nurses will take up a teaching career if we can attract them into the field by demonstrating its value. We believe, with equal firmness, that it is the instructors

Sister Forest who is on the faculty of Institut Marguerite d'Youville, Montreal gave this address at the 40th annual meeting of the Association of Nurses of the Province of Quebec.

who *make* the school and that they require sound, broad preparation to fulfil their roles. They can not give what they do not possess.

The instructor should have an educational background that incorporates extensive general as well as professional preparation and which leads to a baccalaureate degree. She must have a good grasp of the subject matter to be taught and be proficient in teaching methods. The most competent person never stops learning if she wants to keep up-to-date with the newest scientific discoveries and the progress attained in the health sciences. It would seem advisable to provide more extensive inservice programs for those engaged in teaching and supervision.

We believe that the personality of the nurse plays a major part in successful teaching; that it is necessary to know how to detect certain characteristic and essential traits in those entering the teaching field, such as inclination towards research; genuine liking for her work, her profession and patients; all the qualities that promote good human relationships since teaching is so dependent upon this. We believe that it is our duty to prepare for the future and to try to improve present circumstances in every possible way. We believe that if nurses are made aware of the urgency of the situation, many will enter the teaching field. Self-improvement is a personal responsibility that demands sacrifice of time and money. However, it results in so much personal satisfaction that the price is not too dear. Finally we believe that participation in the educational preparation of nurses is ultimately service to the patient.

We believe and we want to do our part. We are dependent, one upon the other. Nothing that affects our association or our role in society can leave us untouched. We want to assure our patients, present and future, of the best care possible by sincere, competent staff. Towards this end, we want to assure an adequate number of highly qualified teachers to meet existing needs in every area where professional preparation takes place — in the hospital, in the clinic, in the university, in the public health field.

The nursing profession is essentially a woman's world. Some leave it to set up their own homes. Their places must be filled. We must be assured of a continuing supply of new recruits who are gradually preparing themselves for teaching. We can arouse interest in teaching by making known the needs of our schools of nursing; by demonstrating that teaching is highly interesting and satisfying; by making it desirable through the excellence of our own example and by showing genuine enthusiasm for and happiness in the field. It has been said that a satisfied student is a good recruiting agent. The same can be said of the satisfied instructor.

We can do our utmost to detect those students who have special aptitude for teaching; draw their attention to their abilities; give them a taste for teaching; follow their progress and stimulate them to further study. We can also attempt to attract young graduates presently engaged in general duty. Immediately after graduating many prefer to do bedside nursing where they have an opportunity to improve their general knowledge. After a year's experience they are usually ready for more specialized fields. We can take advantage of this by directing those with an aptitude for teaching into that field and encourage them to undertake the necessary advanced preparation either by giving them time for it or by making financial means available. They can be entrusted with assistant instructor duties, for example, to give them an opportunity to discover for themselves the satisfaction of helping others develop in nursing. There is one other possible source of recruitment into teaching. Students enrolled in baccalaureate programs and who are able to picture teaching as a career may be goal-directed toward the field.

Good working conditions and a pleasant environment are a necessity. The young teacher should be given an opportunity to assume responsabilities gradually. Then, she will be enabled to undertake them with greater confidence and security. Inservice programs and conferences contribute much in achieving this as well. The number of teaching hours should permit time for reading, thinking, class preparation, correction of assignments and examinations and professional ac-

tivities. Under such circumstances the instructor can give her best and find personal satisfaction in her work. Her happiness will be communicated to her students and will motivate them to follow her example in their choice of a career.

United action implies strength. We must make our needs known to bodies capable of providing financial assistance. We must examine working conditions and remedy them if they are at fault.

The instructor in nursing requires extensive preparation. She needs a good background of general education granting her university entrance in a baccalaureate program. This is really the minimum since she should have comparable standing in general education to the students whom she will be teaching. She must be a first-class nurse with a broad view of her profession as a health service to the individual, the family and society. She should see it as encompassing prevention of illness, promotion of health, and recovery from illness through teaching, personal example, and actual care in hospital or other health services.

The instructor should have had some general nursing experience before entering the specialized field of teaching. She must be thoroughly familiar with and practise the best teaching methods. Most of the present programs in advanced education for nurses lead to diploma or baccalaureate standing. Master's programs are presently in early stages of development in this country while programs at the doctorate level have still to come. This implies gradual reorganization of our advanced courses for nurses.

Nurses should take advantage of any opportunities to enrich themselves personally and professionally. They will be the first to benefit from it. Those who are attracted to the teaching field can be assured of a warm welcome. The rewards are many, the workers are few.

In Memoriam

Mary Aitken who graduated from Hamilton General Hospital, Ontario in 1911 died December 18, 1960.

* * *

Margaret Jane (Jarvis) Buscher, a 1926 graduate of Hamilton General Hospital, Ontario died October 25, 1960.

* * *

Vida (Hawkins) Dawson who graduated from Victoria Hospital, London, Ont. in 1929 died March 17, 1961 in Sarnia, Ont. For several years following her graduation she was on the supervisory staff of Victoria Hospital.

* * *

Marion Agnes (Hanna) Deem who graduated from Vancouver General Hospital in 1927 died during March, 1961.

* * *

Catherine Flock who graduated from Hamilton General Hospital in 1911, died January 4, 1961.

* * *

Helene Hooper, a graduate of King's College Hospital, London, England died in a car accident on March 2, 1961. Miss Hooper came to Canada in 1946. For the past 10 years she was on the staff of the obstetrical department of the Royal Columbian Hospital, New Westminster.

* * *

Viola Phillips, a 1930 graduate of Hamilton General Hospital, Ontario, died February 19, 1960.

* * *

Louise Quinlan who graduated from St. Michael's Hospital, Toronto in 1921 died on March 15, 1961.

* * *

May (Brennan) Redden, a 1909 graduate of Hamilton General Hospital, Ont. died on March 19, 1961.

* * *

Helen Olivia Russell who graduated from Wellesley Hospital, Toronto in 1922 died on March 6, 1961.

* * *

Bernice Sims who graduated from Hamilton General Hospital, Ont. in 1948 died in October 1960.

Teaching in the Clinical Field

HELEN GEMEROY, M.A.

If nursing is a purposeful process that takes place through a relationship and involves the application of scientific knowledge and technical skills, the clinical instructor and the methods she uses are significant forces in this process.

THE CLINICAL FIELD we say, perhaps too glibly, is the place where the student learns to apply the theory taught in the classroom and the technical skills demonstrated in the nursing laboratory. We are fully aware that the desired fusion of theory and technique into effective nursing action does not necessarily take place as a natural consequence of the student being placed in the clinical situation. Indeed, to the consternation of those in the clinical setting, some students seem able to keep the theory they have acquired in the classroom quite separate from their practice. True, they can parrot facts at examination time, but they seem unable to use appropriate principles to guide them in specific situations.

But the professional person, whose life's work is the application of knowledge to individual health problems of real people, must acquire learning in a meaningful and vital sense. She needs skill in applying abstract theory to the complexities of practice in a way that will produce the desired results.[1]

The purpose here is to explore ways in which clinical teaching can promote the process of integration in the student, that is the integration of nursing theory and technical skill into purposeful and appropriate nursing action.

It has been indicated that the fusion of the clinical program and the classroom program into a worthy educational whole requires *conscious* and *continuous* planning. The demands upon teachers and others involved in such planning for the education of the modern nurse are quite different from the demands of even 25 years ago.

As the community has grown and become more complex, so has its network of health services. Hospitals and agencies are becoming increasingly larger, more specialized and more departmentalized. Schools of nursing have grown in size and the number of students whose development must be taken into account has been augmented greatly. As a result of these changes functions, formerly carried out by one person, are now delegated to two or three different people.

The clinical teacher is one of these persons. A need to plan for communication now exists where previously there was none. She can talk to herself without planning for it, or can talk frequently, and as necessary, with one to two other people who work in close proximity and whose job has much in common with her own. However, multiply that situation by 20 and those conditions no longer exist. Then, we *have* to plan for time to meet. Not only is there a need to plan for opportunities to meet, but we must also plan ways to communicate when we do meet. If there is to be any purpose in our meeting we must:

1. Select common concerns to talk about;
2. talk about them in a way that all of us can understand;
3. direct discussion towards an outcome that is useful and applicable to the specialized functions of the participants whether they are classroom teachers, clinical teachers, head nurses or community nurses.

Planning classroom and clinical programs that can be fused into a worthy educational whole is not the simple process that it once was. We are faced with needs that existed only to a minor degree, if at all, 30 years ago. If we

This address was given by Mrs. Gemeroy, supervisor of nursing, Allan Memorial Institute, Montreal at the study day held during the 40th annual meeting of the Association of Nurses of the Province of Quebec.

are to prepare nurses to function under modern circumstances we must:

1. Identify broad nursing concepts and principles that can be applied to a variety of specific nursing situations. These concepts must be dynamic, that is they must include the idea of movement, of process, of change.

2. State this body of theory clearly and in such a way that the selected concepts and principles form the framework for programs in both the classroom and the clinical field.

3. Prepare personnel in a variety of ways, including development on the job, who have or can acquire sufficiently broad knowledge and skills to undertake their specific tasks in such a way that their efforts contribute to the total program. This is the goal of nursing education — the development of nurses who can practise with professional competency.

The Clinical Teacher

May we turn our attention now to the clinical situation and, more specifically, to clinical teaching as an important part of nursing education. Today, and particularly in large schools of nursing, this has become a specialized area. People are employed to carry out the specific function of clinical teaching. In most smaller schools and in the specialized clinical areas of larger hospitals, the responsibility for clinical teaching and supervision may remain combined with other functions, such as that of head nurse, classroom teacher or administrative supervisor. However, whether the clinical teaching function is the *only* function a person has or whether it is one of several, she has a most important part to play in the concious and continuous planning of the total program. She is, or should be, conscious of the school's educational objectives; of the agency or hospital's general needs and practices; of the specific needs and practices of the clinical area in which she functions. She must be conscious of the abilities and educational development of the students in her care.

The goal of clinical teaching and supervision is the development of the student so that she can give competent and comprehensive nursing care. A justifiable concern of the clinical teacher, then, is the development of a body of theory and of a way of working that she can use in her specific clinical area. The theory and the methods must be such that they facilitate the student's learning and promote a good level of nursing care. At the same time, they must be such that the total experience promotes the development of the kind of nurse and nursing stated in the philosophy, purpose and objectives of the school.

Theory is learned first in the classroom situation, but, under able supervision, it comes to life in the clinical setting when the student recognizes an example of what has been discussed in class. We are less concerned here with theory and fact as related to organic pathology than with the less easily grasped, more abstract concepts selected from other sciences and adapted to nursing. These concepts have been selected because they describe universal phenomena. They have been adapted to nursing because they are commonly observable in nursing situations, and their application promotes a professional level of care. Theory of this order has a dynamic quality. It can be applied to many situations. Some examples of these concepts are: inflammation, degeneration, separation, regression. The first two are physiological; the latter are social and psychological. They share a common factor in that they suggest a process, a movement forward or backward, to or away from equilibrium.

Separation

This concept has been applied usefully in many nursing situations. It has had its greatest effect in the nursing care of children. Visiting restrictions have been modified or removed. Parents are encouraged to participate in nursing their children. Nursing service plans for one person rather than many to care for the child.

Regression

We recognize that some regression accompanies all severe illness; that one can see the child in the sick adult. Such understanding brings with it greater appreciation of the meaning of the patient's behavior and permits the nurse to plan purposeful nursing action.

Common Understandings

If classroom theory is to come to life in the clinical situation then the classroom teacher and the clinical teacher must have common understandings and a common language. Such common understandings — the broad concepts of nursing — can form the framework for both classroom and clinical programs. Our need is not only for programs developed within this broad conceptual framework but for teachers who can function within such a framework. If the teacher does not have the concept, she cannot pass it along to the student. It is not enough that the *classroom* teacher employs these concepts in her teaching. The *clinical* teacher, too, must be able to discuss the phenomena observed in a similar manner.

As an example, let us suppose that a student is to care for an adult surgical patient who is very demanding; who puts his call-light on frequently and asks for many services that his medical condition does not justify. That student's clinical teacher should be able to recognize in the patient's behavior the phenomenon of regression with increased dependency needs. Through her recognition, knowledge, and experience, she can help the student bring classroom theory to life. On the basis of this theory and with supervision from the clinical teacher, the student is helped to formulate a plan of nursing action that includes not only care of the patient's wound and hygienic needs, but also assistance in achieving independency again. After acting upon her plan, the student and her supervisor assess the results and, if necessary, modify and change the plan in the light of their findings and the patient's condition.

Thus, clinical practice can be used to continue and extend classroom learning. Annette Garrett, an outstanding social work educator, sums up the process in this way:

> It is this integration of the work in the classroom and field that distinguishes professional education from mere apprenticeship . . . the skilled teacher illustrates every point of theory by cases; the skilled supervisor illuminates every case by helping the student to recognize the theory that is being exemplified.[2]

Both nursing and teaching can be considered as forms of intervention — intervention in situations for the purpose of achieving particular goals, or at least assuring movement toward those goals. The nature of the goals set for nursing service differ from those of nursing education, for in the first instance they are related to the maintenance and restoration of health, and in the second to the development of professional nurses. Yet, both can apply a common way of working.

Nurses cannot make patients well, although some nurses seem to think they can and many patients hope this can happen. Teachers cannot make students learn, although some teachers think they can and many students hope this can happen! Getting well is an active process that involves both the patient and the nurse. The nurse, in her work with the patient, needs to look back to assess whether or not and to what degree the ways in which she chose to intervene improved the situation. It is through looking back at her function in many and varied situations that the student and the clinical teacher eventually develop the ability to plan ahead; to pick up cues from the behavior of the patient or of others and from the situation itself — cues that will act as a guide to her action.

Student nurses need help to be able to look back at a nursing experience in a way that is purposeful for their professional development. This supervisory function is the work of the clinical teacher. But, new clinical teachers need help to learn how to use the supervisory process. Perhaps this is one of our present problems in nursing education. We have created a new role, that of clinical teacher, but we have not concerned ourselves sufficiently with *how* clinical teaching should be done or *how* clinical teachers can be helped to function effectively. This problem is a subject for consideration in its own right.

I have spoken of the nurse looking back at her past performance in order to develop the ability to look ahead and to plan purposeful, effective nursing action. This method produces increasing awareness of the effect of one's own behavior or actions upon the behavior of others and upon the course of the process in which they are involved.

The nurse selects a response that takes into consideration the patient's behavior and the behavior of others in the situation. The focus of attention is upon the nurse's behavior or action, as well as on the patient's condition. It is quite possible for a nurse to become conscious of her own responses without becoming self-conscious about them. If we assume that most nurses have the welfare of their patients at heart, then we can agree that most nurses want to do what is best for all concerned in the situation. When her action does not prove to be as effective as she had hoped or expected, is the nurse a less worthy person? No, she is not less worthy of our respect unless she consciously continues her ineffectual behavior for her own purposes. Only occasionally does a nurse function in this way. Far more frequently, her action is ineffectual because she does not realize how her responses affect the situation in which she is working. She fails to appreciate that if she had acted differently in some respect, the outcome of the process in which she is involved would have been different and possibly better. If the modern nurse needs to be conscious of her own action in order to plan purposeful and effective nursing action, then we must develop ways to help her.

The nursing instructor looks at her responses in teaching situations, not to promote feelings of smug satisfaction or self-condemnation, but to become a more effective teacher. She helps her students to look at their responses in situations, not to promote changes in their personalities, nor to praise or blame them, but rather to further their professional development. The aim of making acts conscious must be clear in our minds and justifiable within the context of our job. Otherwise, the process serves no useful purpose, and may very well do more harm than good. Students need help to relate theory to phenomena in the clinical situation and to choose a course of nursing action most helpful to the patient in his struggle toward health. This process is part of what goes on between the student and the clinical teacher. Discussion of such a nature can be carried on only within a relationship of mutual respect and trust, in an atmosphere relatively free from blame and from threat of retaliation. The kind of relationship the supervisor is able to develop with her students and the ways in which she is able to facilitate their learning in the clinical situation determines to a large measure the kind of relationship the student will be able to develop with her patient and the ways in which she will be able to facilitate the patient's movement forward in his efforts to maintain or restore health.

References

1. Garrett, Annette, Learning Through Supervision, p. 3.
2. *Ibid.*, p. 4.

A Major Concern

The increase in traffic deaths on our streets and highways continues to earn considerable news space and editorial comment.

The Canadian Highway Safety Council points out that if the present rate of traffic deaths continues, more than 75,000 Canadians will die on the streets and highways of Canada, in the decade ending in 1970.

Safety on our streets and highways has become a national concern, it is something that affects every one of us daily. By 1970, Canada will have more than 8,000,000 motor vehicles being driven 80,000,000,000 miles a year by some 9,000,000 drivers.

The Canadian Highway Safety Council suggests that what is needed urgently is a comprehensive, well-organized program including education, enforcement and engineering in accident prevention. The Council points out that this program can be most effectively organized at a community level.

The National League for Nursing has announced the opening of a western office in San Francisco to stimulate improvement of nursing education and nursing service in the region. The new office, the first branch operation of the League, is located at 693 Sutter Street, San Francisco.

THE WORLD OF NURSING

PREPARED IN YOUR NATIONAL OFFICE, CANADIAN NURSES' ASSOCIATION,
74 STANLEY AVENUE, OTTAWA

CNA School Improvement Program

PLANS for the implementation of the CNA School Improvement Program, recommendation two of the Pilot Project for the Evaluation of Schools of Nursing in Canada, are now well under way. All schools of nursing across Canada have been contacted. Questionnaires have been sent to those who have indicated their wish to participate in the program.

Criteria for the evaluation of educational programs in nursing leading to a diploma, and a self-evaluation guide are being prepared to assist the schools in improving their programs. These will be sent out in the fall. At the same time regional and provincial conferences will be held to interpret the criteria, methods, and procedures to be used.

The completed self-evaluation guides will be reviewed by a CNA review board. Regional and provincial workshops will be planned according to the needs of the schools as revealed by the results. CNA will also offer a consultation service to schools of nursing on request.

Provincial Notes

The Association of Nurses of the Province of Quebec has completed translation and sponsored publication of Zabriskie's textbook on obstetrics in the French language in order to comply with a request and a need expressed by French schools of nursing. The demand for this publication exceeds the provincial borders. Copies have already been sold in other Canadian provinces, in Cambodia and in Africa.

Members of the Committee of Management of the ANPQ are asking themselves this question: Where will the secretariat be in 1965? It appears likely that because of town-planning, the present premises occupied by the Association offices will soon vanish. The district is undergoing great changes with the widening of Dorchester Street and the construction of Place Ville-Marie. A building committee has been formed with Mrs. A. I. MacLeod, honorary secretary of the ANPQ, as the chairman. One of the committee's first tasks was to plan for a building fund. The provincial association estimates that if each member contributed 10 dollars, there would be sufficient capital within a few years to begin construction.

Emergency Health Services Advisory Committee

Approval has been obtained to set up an Emergency Health Services Advisory Committee to advise the Minister on certain aspects of emergency health planning. This Committee will be comprised of: the Deputy Minister of National Health, chairman; the Director of Health Services, alternate chairman; the Chief of Emergency Health Services, executive secretary; the Surgeon General, Canadian Forces Medical Services; the Director General, Dental Services, National Defence; the Director General, Treatment Services, D.V.A.; representatives of other interested government and non-government agencies, including the Defence Research Board, the Department of Labor, the Canadian Medical Association, the Canadian Nurses' Association, and such other persons as the Minister may consider necessary and desirable.

Going Abroad

Perhaps you would like to include a visit to Neuadd Reichel, Bangor, N. Wales in your trip abroad. The Central Council for Health Education, London, England is holding a summer school August 15-25, 1961. The topic for the course is "Education For Living." It is open to all those engaged in health education. This includes the members of the nursing profession. This annual summer school is one of the highlights of the activities of the Central Council and has gained an international reputation.

No society can afford to be complacent until all its members are reasonably happy, healthy and comfortable. For this reason it is proposed, at this summer's sessions, to examine topics of mental health and positive health at some length. This will be done by means of lectures, seminars and group practical work under the direction of experienced leaders. The students' needs for happiness have not been forgotten either. Plans have been made for bus tours, mountain climbing, bathing parties and other summer sports.

Application forms may be obtained by writing to the Medical Director, the Central Council for Health Education, Tavistock House North, Tavistock Square, London, W.C.2. The all inclusive fee is £25.4.0d.

Psychiatric Congress

(News released from the chairman of the World Congress of Psychiatry).

The Third World Congress of Psychiatry, which will be held for the first time in the Western Hemisphere, in Montreal, June 4-10, 1961, will contain many features of interest not only to psychiatrists but also to those in allied fields such as psychiatric nursing, clinical psychology, occupational therapy and social work.

Prominent among these is a special panel on "The Impact of Social Change on Mental Health and Psychiatric Nursing" comprised of nursing and psychiatric representatives from Canada, the United States and England. Moderator will be Dr. James S. Tyhurst, professor and head of the Department of Psychiatry, University of British Columbia, an outstanding Canadian social psychiatrist who has directed and participated in community research projects concerned with the relationship of the sociocultural environment to mental health and mental illness. His paper will provide the framework for nursing papers that will focus more particularly upon the impact the social sciences have had upon the role and function of the nurse. This area will be discussed in relation to mental health in all nursing with special emphasis on present trends in psychiatric nursing.

Panelists are: Miss Ruth Gilbert, Professor of Nursing Education, Teachers' College, Columbia University; Miss Madeleine Leininger, Associate Professor of Psychiatric Nursing, College of Nursing and Health, University of Cincinnati; Miss Doreen Weddell, Matron, The Cassel Hospital, Richmond, England and Mrs. Helen Gemeroy, assistant professor, School for Graduate Nurses, McGill University, and supervisor of nursing, Allan Memorial Institute, Royal Victoria Hospital, Montreal.

Miss Gilbert has been a mental health consultant in nursing in various public health nursing agencies, and a social worker in psychiatric clinics for children. She has done much to clarify consultation in nursing. Her text, *The Public Health Nurse and Her Patient*, first published in 1940, was one of the first nursing publications devoted to the consideration of mental hygiene in public health nursing. Miss Leininger's particular field of interest is psychiatric nursing and she has made contributions in the field of nursing education. She is co-author with Charles K. Hofling of a recent publication *Basic Psychiatric Concepts in Nursing* and is particularly concerned with the training of all nurses to recognize that patients in general hospitals have emotional problems of varying degrees.

Miss Weddell will bring viewpoints and trends in psychiatric nursing from England. The Cassell Hospital is well known in psychiatric circles for its vigorous research and experimental work in psychiatry and associated fields. Miss Weddell, at present, is occupied with a special project, family-centered nursing, in which mothers and young children are being treated together, with fathers visiting during their families' hospitalization. She will describe this project on the panel. Mrs.

Gemeroy has been concerned for some years with mental health consultation and psychiatric nursing education as a faculty member of McGill University. She has conducted workshops in mental health in nursing and her contribution to the panel discussion will deal with psychiatric nursing services in a period of transition.

Of further interest to delegates will be a panel of national authorities chaired by Dr. R. H. Felix, director of the United States National Institute for Mental Health, which will offer a critical study of effective planning for national mental health programs. This panel will deal with the major problems involved in organizing mental hospitals, psychiatric divisions in general hospitals and departments of psychiatry in universities. It will also give close attention to community mental health services, community clinics, school and child guidance clinics, industrial mental health clinics, research laboratories and other facilities.

An unprecedented discussion by three Nobel Prize winners on scientific creativity will be another highlight. The three speakers will be: Lord Adrian of Great Britain, who was awarded the Nobel Prize for Medicine in 1932 together with Sir Charles Sherrington, for discoveries related to the formation of the neuron; Dr. Albert Szent- Gyorgyi of Hungary, 1937 chemistry prize winner for his discoveries of biological combustion; and Dr. Linus Pauling of the United States, awarded the 1954 prize in chemistry for his study of the forces holding together protein and other molecules.

The Needs of Children

UNICEF's voluntary operations have been in existence in Canada for the past six years. Beginning in 1955, the National UNICEF Committee was established as an organization to inform the public of the organization's work abroad and to encourage participation in the Hallowe'en program and the sale of UNICEF greeting cards.

In many of the economically underdeveloped countries fatalistic attitudes toward ignorance, poverty, and disease are now giving way to new attitudes of hope and effort. These aspirations and stirrings for change mark an irrevocable break with the past. They are accompanied by a growing international awareness that children of once remote countries have become near neighbors. A new international conscience recognizes an obligation for sharing materials and experience in order to help less fortunate countries break intolerable patterns of sickness, hunger and poverty.

The National UNICEF Committee announced recently that a total of $260,000 has been collected by Canadian children in the Hallowe'en program sponsored by the United Nations Children's Fund last fall. Mrs. D. W. Heywood, vice-chairman of the Committee, stated:

> This sum represents the efforts of 300,000 children in communities from Newfoundland to British Columbia who added the aspect of sharing to their Hallowe'en fun by collecting coins for UNICEF as well as treats for themselves. As a result of this gift, thousands of youngsters afflicted by disease and malnutrition in the less prosperous areas of the world will be given healthy bodies and the opportunity to lead normal lives.

Vancouver 1962

This time next year nurses from all parts of Canada will be making their way to Vancouver to attend the 31st Biennial Meeting of the Canadian Nurses' Association. Details of the program for the meeting will be announced as they become available.

The date — 24-29 June, 1962

The place — Vancouver

The participants — any nurse in membership with her provincial association.

Approximate changes of household circumstances which occur every half hour in Canada include, seven marriages; one non-family household formed; 15, first or second children born; 15, third or later children born; two pensioners get their first cheque; three households change Province; three families dissolve and 15 households buy their first car.

Report of the Committee of Inquiry into the Design of Residental Environment.

THE CLINICAL FIELD

SISTER LAURETTE DE LA STE-FACE, f.d.l.s.

What do the various clinical services contribute to the development of a nurse?

THE MODERN NURSE participates in a program of social service that includes health supervision of individuals and families as well as care of the sick at home or in hospital. This entails a variety of important duties for the nurse whose responsibilities seem to increase daily. Nursing educators must revise their aims and determine how the professional development of the student can be achieved most effectively.

Clinical Services and Education

There are two questions which, when answered, tend to determine the educational value of the various clinical services.

a. What activities and conditions, common to all services, can be put to educational use?

b. What specific educational advantages does the specific service offer? That is, since services are segregated according to types of illnesses, what special knowledge, skills and attitudes should the student develop or acquire in each one.

The following principle should be stressed: *The sick constitute an educational resource of the greatest value.* Obviously, the patients are the first educational resource in any service. The care required and the problems encountered provide excellent opportunities for learning and teaching. Direct contact with the patients offers an unsurpassed opportunity for learning.

As the student gives supervised care, she learns to recognize and interpret signs and symptoms; she enlarges her fund of general knowledge; she perfects her techniques. She learns to anticipate her patient's needs and to be concerned for his future welfare — the maintenance of recovered health. She begins to associate health teaching with care during illness.

Other Resources

Although patient care is a main factor in the student's professional development, we must also look for the other opportunities for learning to be found in the clinical field.

The *physical environment* offers the chance to practise hygiene principles conducive to health. The student learns to apply scientific principles of housekeeping and cultivates good work habits.

Personnel: The director of nursing, departmental supervisors, staff nurses, doctors and others form a stimulating and influential group. Their personalities, their conduct and their function in the service produce a noticeable effect on the personal and professional progress of the student.

Using our Resources

The opportunities for educational experience found in the clinical field have value for the student only in so far as they stimulate her to recognize and interpret the problems which will lead to the development of qualities useful to the practice of her profession. To what extent the student will be capable of using her opportunities toward this end will depend partly on her intelligence and interest but also to a large extent on the teaching personnel of the specific department. The latter must be able to recognize the student's individual needs and assign her duties appropriate to the type of experience desired.

The clinical instructor will be faced with the constant task of selecting situations offering specific educational value. For example, certain circumstances may be used to develop understanding of the patient and desirable attitudes such as the need to maintain physical and mental health; the ability to anticipate patient needs; the ability to carry out self-evaluation. One can

Sister Laurette de la Ste-Face who is director of nursing, Hôpital Ste-Justine, Montreal gave this address at the 40th annual meeting of the Association of Nurses of the Province of Quebec.

readily see the extent of the field to be covered in analyzing situations for student learning.

Suppose you wish to impress the need for accuracy in her work upon a student. The supervisor and clinical instructors know that certain activities help in developing this quality. They arrange for the student to receive the necessary practice through taking temperatures and signing the chart; calculating and measuring doses of medications; taking the temperature of solutions used in various treatments; calculating and measuring quantities for special diets; hand-scrubbing for a specific number of minutes; preparing disinfectant solutions of a specific strength. One can add many other tasks to this list which require accuracy and therefore help to develop that quality. Cultivation of various other attributes such as punctuality, tidiness, powers of observation, initiative and self-confidence could form the basis for interesting projects.

Special Values in Specific Services

What does the pediatric department have to offer that is different from the experiences encountered in general medicine and surgery? What particular educational opportunities does the obstetrical service provide? The same question can be asked in relation to the operating room, the dietetic department.

Heads of all services and clinical instructors should make a joint study of both similarities and differences of experiences to be found in the various areas. We can be sure that students are receiving the full benefit of clinical experience only if everyone involved in this part of their educational program is well-informed concerning the special resources in each clinical area. The clinical coordinator must examine the whole program to assure its completeness and proper implementation.

In her book *The Hospital Head Nurse*, Mrs. Wayland notes that analysis of resources jointly by supervisors in all clinical areas is necessary for the elimination of less desirable kinds of experience and in the choice of the best teaching situations. Facts and principles are the foundation on which a good program is built, but their value depends on the use made of them in the resolution of nursing problems.

Although no attempt will be made in this article to analyze specific services completely, the following examples will serve to indicate some of the special values in a few areas.

1. *Pediatrics*: Winning the confidence and cooperation of children; developing good habits in children; learning to understand the child's behavior and how to handle him; gaining an understanding of play therapy; dealing with feeding problems; parent teaching.

2. *Medicine*: Obtaining more extensive therapeutic knowledge; gaining experience in the care of the chronically ill; acquiring skill in medical aseptic techniques through the care of patients with infectious conditions.

3. *Surgery*: Obtaining experience in pre- and postoperative care; acquiring skill in surgical aseptic techniques.

4. *Psychiatry*: Increasing the powers of observation; interpreting abnormal behavior; learning the special adjustments called for in the care of the mentally ill; learning the use of psychotherapy and occupational therapy.

It is only through careful study of the teaching resources offered by individual services that a satisfactory student rotation plan can be developed. The school of nursing, in planning the clinical program, must make sure that the needs of nursing service are considered. An adequate staff of nursing personnel — registered nurses and nursing service assistants — is highly desirable if the student program is to be drawn up easily and compromises reduced to a minimum. All too frequently the student nurse is expected to carry a heavy load of responsibility for service under inadequate supervision. Hours of work are too long; fatigue and frustration hinder the student's progress. Under such circumstances she can not receive full value from clinical experience.

Principles in Clinical Experience

1. Adequate experience in essential services is a necessity.

2. The nature, variety and quality of the experience are the best criteria in determining its educational value.

3. Clinical experience should be based as nearly as possible on the ability, needs and difficulties of the individual student.

4. The rotation to the different services should provide a logical sequence of experience.

5. The clinical program must be organized to include both theoretical and practical aspects.

6. Teaching and supervision should be systematic.

7. Distribution of duties must be as uniform as possible for all students.

Every effort should be made to ensure that the rotation plan in conjunction with the clinical program is based on sound principles. Good organization will diminish problems considerably for the director of nursing and the supervisors. At the same time it makes uniformity in student assignments easier.

To what extent can we encourage more effective use of clinical resources while improving the quality of patient care? In spite of serious attempts at mutual understanding, problems, even conflicts, still arise between directors of nursing service and the faculty of the school in relation to the organization and implementation of the clinical teaching program. In spite of the departmental supervisor's ever-increasing load of administrative responsibilities and the complex nature of patient care, which is her first concern, the clinical teaching program all too often falls to her lot as well.

In other instances, the contrary is true. The faculty feels that it alone has the responsibility for student clinical education. The school of nursing personnel will come into the department whenever they feel like it and with no regard for nursing service needs. They tend to ignore completely the part that supervisors and head nurses could play, particularly since they are much better informed than the instructors about the patients' conditions. There is a tendency, too, to overlook the help that these same people could give in student evaluation.

Lack of cooperation and understanding can give rise to other sources of conflict. Decreasing hours of service for students and granting weekends for necessary periods of relaxation are becoming common occurrences. Who hasn't heard a supervisor or head nurse make this remark? "How can we ever hope to make good nurses out of them if they won't work on weekends?" What she really means is: "How will we ever get through the weekend without their help?"

Another Example

An instructor may prepare a clinical program that assigns a student at a given time to the children's playroom. The objective is to give the student a chance to put her ideas of child-rearing and play therapy into practice. The ward is adequately staffed and the student is free to observe and participate under the supervision of the clinical instructor.

However, shortly after the student undertakes this assignment, a child is admitted with an acute attack of croup in possible need of tracheotomy and requiring constant attention. What head nurse or supervisor would not be tempted to consider experience in the playroom as comparatively insignificant compared to the care that she would like to entrust to this same student in her urgent desire for extra help?

The foregoing indicates clearly that close cooperation between nursing service and nursing education is a necessity. The two entities are very much interdependent.

Clinical Experience in Public Health

With the steady increase in the organization of new health programs and reorganization of existing services, students require initiation into the public health field during their basic professional preparation. Many health agencies and rehabilitation centres are becoming extensions of the hospital. The student needs to become familiar with the patient's family environment and the services available once he leaves the hospital.

Some schools of nursing have arranged for public health experience through agreements with local services. Other schools, with social service departments attached to the hospitals, include this service in the student rotation. Whatever the situation, the student must know how to teach her patient to carry on with treatments in his own home; how to create a healthy family atmosphere in which the patient can find support. In some instances, the need for continued treatment may involve referral to a public health agency or clinic. Other patients and

their families may require special assistance due to physical disability, domestic problems and other difficulties. For example, the student will learn about the functions of welfare agencies in the care of deserted mothers; placement of those who are hopelessly mentally ill; placement of abandoned children.

Prenatal and postnatal clinics provide an excellent opportunity for observing a function of the human body. First contacts with the expectant mother provide an opportunity to discover familial or economic problems. Then, as mutual confidence is developed, the mother may disclose other worries such as resentment of her pregnancy. The social worker must take into consideration the physical, moral and social nature of the mother and sometimes that of the person who accompanies her. It is an exceptional opportunity for the student to observe the social role that the nurse plays in practising her profession.

In all instances people are being helped to help themselves. The nurse can advise, encourage and guide them in obtaining help. She tries to understand their difficulties and the chain of circumstances leading up to them so that she can help in attaining efficient adjustment. The public health nurse may not always see the end results of her advice but she takes the precaution of making sure that her patients listen to and understand what she has to say.

The nurse in social service work finds much satisfaction in helping others. However the effectiveness of her work is dependent upon extensive preparation. The student nurse should be introduced to this phase of care as part of a carefully prepared and conscientiously administered total clinical program.

In the Good Old Days

(*The Canadian Nurse* — JUNE, 1921)

Securing a husband — The Municipality of Paris has engaged Professor Mahout, of the Sorbonne, to speak three times a week to girls of the working class on the best way to attract a husband. The shortage of men and the high cost of living is causing difficulties in this matter. Professor Mahout's theory is that the best way to attract and retain a husband is to feed him well. He advises his pupils to learn to cook. He says by scientific education the mother of a family must become an engineer of nations and a health creator of strength and life. He considers it still true that the way to a man's heart is through his stomach.

* * *

A new Canadian coin — It is proposed to issue a nickel five-cent piece for Canada, the same size as the American coin of that face value. Our coin will be all of nickel, the one coined in the United States being 75 per cent copper and 25 per cent nickel.

* * *

Suffrage for the Squaws — The women of the Penobscot tribe of Indians, living near Oldtown, Maine, are demanding equal suffrage. The braves are enormously indignant, as the squaws have received a ruling from the Attorney-General, encouraging them in their desire for franchise. The Confederacy of Iroquois Indians was the first great American state and the earliest form of a League of Nations.

* * *

I believe I am quite justified in assuming that nothing in this great big world is of more importance than the lives of our little children, and also that every member of this gathering is quite agreed with me upon this conviction. — JEAN CROSBIE, R.N.

To keep a house plant watered while you are away, cut a strip of cloth 2" wide and 2' long. Put one end in a pail of water set a little higher than the plant. Bury the other end in the sod. Good for about a week.

More school children die of cancer than from any other disease. The Canadian Cancer Society needs money to defeat this killer by means of research and public education.

— Cancer Bulletin


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NURSING PROFILES

As the task of implementing the recommendations arising out of the Pilot Project proceeds, new members are being added to the staff of National Office. They will assume some of the responsibilities entailed in projected programs. **Glenna Rowsell** who was named director of the school improvement program is the first of the new appointees.

Born in Newfoundland, Miss Rowsell is a graduate of St. John's General Hospital and has given many years of capable service to it. Starting as a staff nurse in the operating room, she subsequently advanced through the positions of assistant instructor, nursing arts instructor and finally associate director of nursing education. She left the latter post, that she had filled for the past eight years, to accept her present appointment.



(Paul Horsdal Ltd. Ottawa)

GLENNA ROWSELL

Her postgraduate study in clinical supervision and in nursing education and administration was carried out at the University of Toronto. Miss Rowsell completed requirements for her degree in nursing from U. of T. this year. Active in the work of her provincial association, she has had a special interest in matters related to nursing education. She served on the curriculum committee of the Newfoundland department of education and was a member of the advisory board to the same department.

We know that her future duties will be exacting but the assistance that she will give to Canadian nursing as a whole will be warmly welcomed as we move toward the ultimate goal of accreditation.



(Paul Horsdal Ltd. Ottawa)

MURRAY WALLACE

As the work of the Canadian Nurses' Association has grown and become more complex, the staff of National Office has felt the need for expert assistance in dealing with the complexities of business administration. The appointment of **Murray C. Wallace** as business manager for the CNA will lift a heavy load of responsibility from the shoulders of the professional staff.

A Maritimer from Sussex, N.B., Mr. Wallace was associated with the Royal Bank of Canada in Sussex and Moncton for several years before becoming secretary-treasurer of the Sussex Mercantile Company Limited. After 12 years in this position, he served as an officer with the Royal Canadian Army Pay Corps in the United Kingdom and North West Europe during World War II. Since the war, he has had various appointments in Ottawa, Western Canada and on the Alaskan Highway. Captain Wallace retired from army duty in September, 1960.

Sylvia Mary Burkinshaw has been appointed director of nursing, Kingston General Hospital, Kingston, Ontario. A graduate of Scarborough General Hospital and of Queen Charlotte's Maternity Hospital, London, England, Miss Burkinshaw first came to Canada in 1952 to carry out a year's post-



SYLVIA BURKINSHAW

graduate study in advanced nursing education at the University of Toronto. She had been awarded a British Red Cross scholarship in that same year which made her a Florence Nightingale scholar and a member of the Old Internationals' Association.

She returned to England to complete her term as sister tutor at the University College Hospital, London. Her next contact with this country began in 1956 with her appointment as supervisor of nursing service, Hospital for Sick Children, Toronto. In 1958 she became associate director of nursing service of HSC. During the war years of 1942-49, Miss Burkinshaw was a nursing officer with Queen Alexandra's Royal Naval Nursing Service. In recognition of her contribution she received the Civil Defence Medal and the King's War Medal.

Her interest in professional matters and her competence led to her appointment as an examiner with the General Nursing Council while she was in England. This interest has carried over to her work in Canada. She is a member of the RNAO committee on nursing education, the subcommittee on reciprocal registrations and the working party investigating the possibility of a provincial central school.

Off duty Miss Burkinshaw enjoys travel, sailing, gardening, reading and music among other interests. In welcoming her to her new post, we hope that she will find much to enjoy in her new surroundings.

Periodically we hear some of our more adventurous spirits express the desire for nursing experience in the Far North. **Catherine Isabell Christie,** a 1953 graduate of The Montreal General Hospital, is one of the fortunate few who have achieved this goal. She was appointed zone supervisor for the MacKenzie and Western Arctic region in August, 1960, a position for which she had been well prepared through previous experience.

Miss Christie obtained her certificate in public health nursing from the University of Toronto in 1955, and then joined the Chatham, Ont. Board of Health for a year. In 1956 she accepted an appointment with the health department of the city of Ottawa where she remained until late in 1957. She was posted to Fort Norman nursing station on the MacKenzie River where, for the next two years, she gave nursing service to the entire population of Fort Norman, Fort Wrigly and Fort Franklin. This was not her first experience of nursing in the more remote areas of Canada. Some time previously she had worked at the Moose Factory Indian Hospital, Fort George and Rupert's House on James Bay and Coppermine in the Northwest Territories.



(Ernst of Geortz, Edmonton)

ISABELL CHRISTIE

The Indian and Northern Health Services are justly proud to have a nurse of Miss Christie's ability as one of their staff. The excellent quality of her service is acknowledged through her promotion to positions of increasing responsibility where good judgment and professional competence would be requisites of great importance.

Lula Edna McComb has joined the provincial staff of the Registered Nurses' Association of British Columbia as a professional secretary. A graduate of St. Paul's

Hospital, Vancouver, Miss McComb obtained her diploma in public health nursing from the University of Western Ontario.

In 1942 she joined the South African Nursing Service but later switched to the Royal Canadian Army Medical Corps. She served as a nursing sister in Canada, England, Italy and Germany. Following the war, Miss McComb spent some time in private nursing and as an office nurse before joining the provincial health department of British Columbia, 1952-58. During the past three years she has been a public health nurse with the City of Calgary.

THE NIGHTINGALES

KEITH F. PEARSON

This is how one hospital is stimulating its recruitment program.

A NEW CONCEPT in hospital volunteer services is now entering its fifth year at St. Mary's Hospital, Montreal. A group, known as the "Nightingales" and composed of students from the various high schools of the city, is performing a highly successful volunteer function that is proving advantageous for the hospital, pleasant for the patients and rewarding for the young ladies. Currently, eight schools from greater Montreal are participating in the unique program.



(Graetz Bros. Ltd. Montreal)

A Nightingale in action

Training of the student-volunteers consists of two obligatory sessions — one devoted to theoretical study and the other to practical experience — followed by on-the-job instruction and supervision. After the training period, each girl is required to devote approximately one and a half hours to the hospital each week during the school year. Individual duty periods for the "Nightingales" may extend over this period of time. The girls work in teams and each school group is assigned to a floor that becomes its personal section for the year.

This year over 200 volunteers are participating. The main area of work for the girls is in the distribution of supper trays and the preparation of bedridden patients for the evening meal. For those patients who require assistance in eating, the "Nightingales" are encouraged to help them after all trays have been served. In addition, it is a regular part of their responsibility to assist patients by cutting their meat, buttering their bread, pouring their tea.

The program is holding great promise as an efficient means of preparing girls as future nurses. In 1957, three "Nightingales" returned to St. Mary's as student nurses after completion of their high school studies. Each year the number who return to enter the school of nursing has increased. In the 1960 class, 14 of the 95 nursing candidates came from this volunteer group.

Recruitment of volunteer workers is effected through the medium of the schools. Each girl must have the recommendation of her principal. News of the existence of the program has been propagated only by word of mouth, yet it has stimulated so much interest that the hospital is deluged annually by applications from both English and French schools and by Protestant, Catholic and Jewish girls. There are no firm requirements for eligibility, other than that the applicants must have attained third-year high school level.

Mr. Pearson is a member of Public & Industrial Relations Limited, Montreal.

THE LIBRARY'S CONTRIBUTION to Nursing Education

MARY C. SHAVER, M.S.N.

Nursing is constantly changing as a result of the rapid advances taking place in medical science. Continued study is necessary to keep abreast of new knowledge and new methods of practice since they affect the role of the nurse.

STUDENT NURSES are expected to learn more today, and unfortunately, are expected to do so in a shorter period of time. As a result, instructors in nursing are forced to encourage and, in some instances, to demand that students spend considerable time extending their classroom lectures by reading about the subject.

"Reading maketh a full man," wrote Sir Francis Bacon in 1625.[1] The principle hidden in this thought is still very true! In nursing, reading is essential for intellectual growth and development. It is also necessary to make the nurse aware of the changes taking place in her profession and the necessity for her to constantly adapt to them.

Nursing educators are in common agreement, for the most part, that the nursing library plays a vital role in the present curriculum. It has become the core of the educational program in the teaching hospital. Here, student nurses can build upon the foundations of nursing laid down by their predecessors and achieve their goals as they develop into the leaders of the profession tomorrow.

In the *Essentials of a Good School of Nursing*, the fundamental purpose of a library is stated as that which

> provides the instructional facilities and the means essential to the effective carrying out of the educational program of the school.[2]

The library in a teaching hospital is the place where nurses at all levels should be able to find answers to their problems in study and research that are of either a professional or personal nature.

The libraries in teaching hospitals vary as to types. The most prevalent ones in existence today are the general nursing library in the school of nursing; the ward library composed of permanent or borrowed literature; the medical library to which student nurses have little or no access; and finally, the newer type, the integrated library, in which the nursing and the medical library are one. Which type of library do you consider to be most valuable for nurses to use? Before you attempt to answer this question it is necessary to consider who the nurses are who will be using the nursing library. Amy Brown lists three groups:

> 1. Members of the nursing staff who are well acquainted with the facilities and the resources of a library. This group needs little or no orientation to the nursing library.
>
> 2. Teachers of nursing and the majority of students who have developed some skill in the use of a library but are unfamiliar with specific tools such as the ephemeral file.
>
> 3. Nurses, particularly student nurses, who lack library skill. This is the group who will do the compulsory reading and no more. They cause the greatest problems in the area of nursing education. They must be taught how to like books and to develop skill in the use of the library.[3]

It is the responsibility of both nursing educators and administrators to develop and maintain good habits of reading and study in student nurses. Faculty members must realize the importance of supplementing their own preparation as well as that of the students. Amy Brown states that

> an appreciation of the best nursing literature is fostered by focusing attention from the beginning of the student nurse's

Miss Shaver, who is assistant educational director, St. Michael's Hospital, Toronto, presented this paper at the Canadian Conference of Catholic Schools of Nursing held early this year at St. Joseph's Hospital, Toronto.

experience upon the sources of the information she acquires.[4]

Rev. William Kelly maintains that reading tastes formulated during adolescence are likely to last a life-time. He notes that the growth of the intellect is apparent when the individual's interests include the reading of the newspaper, non-fiction books and magazines.[5] As nursing educators and administrators we should be able to guide students into the right choices in these new reading preferences, and become aware of their gradual intellectual growth and development.

The nursing instructor is the one who must select the bibliography for her courses. Her selection must be such that students will be motivated to do research and give further thought to the subject. She will require guidance in her selection that only a qualified librarian can give. The more the instructor uses the library facilities under the guidance of the librarian, the more familiar she will become with the published materials, and the more she will be aware of the literature that is most suitable for student use and for research.

In her capacity as a clinical teacher, it is the responsibility of the nursing educator to keep the staff nurses as well as the students up-to-date with the advances in medical science. In this way she will contribute to the improvement of the quality of nursing care. To accomplish this goal she provides reference materials for the staff that are pertinent to current patients and conditions.

The inservice educational program for nurses is receiving greater emphasis today. It requires much library research work. Therefore, the library facilities must be available to staff nurses and they should be encouraged to make use of them. Through the services of the librarian and the clinical teacher, the nursing staff can be motivated and guided in building a collection of pamphlets and articles found in current journals and popular magazines that relate to the nursing care in their particular departments.

Student nurses, through the use of the library facilities, not only supplement their classroom teaching and become more efficient in the use of the library tools, but also have an opportunity to do research in nursing applicable to their level of nursing education at a specific time. This results in an appreciation of the value of the library to their own intellectual growth and development. With the assistance of the librarian and the nursing instructors they can evaluate text and reference books and articles. This helps them to develop good judgment that will enable them to discriminate in the future use of published materials. They discover that footnotes and bibliographies help them to check other sources and can guide them in further reading pertinent to the subject.

With these remarks to indicate the value of the library in nursing education, the next consideration is, "How can we, as nursing educators and administrators, stimulate nurses to be interested in the nursing library?" As a result of talking to various nursing educators, and reading about the thoughts of others in regard to this problem the following suggestions are listed as the ones that should motivate nurses to have a greater appreciation of the library, its books and other tools that can increase their knowledge of nursing, and help them to develop culturally as well as professionally:

1. A well organized nursing library with suitable physical facilities.
2. Rules for reading, suggested study habits, and library regulations should be printed in the student's handbook.
3. Time set aside each day for all nurses to use the library under the guidance of the librarian or an instructor.
4. A library of the integrated type.
5. A qualified librarian. Being prepared she can make an important contribution to *all* nurses in both their professional growth and cultural development. In so doing she also contributes to the attainment of the objectives of the school.
6. Adequate provision for quality and quantity of reference materials on each subject included in the curriculum.
7. An orientation program for *all* nurses so that they will know how to use the library effectively.
8. A carefully prepared bibliography for each course of study, presented to each student in her clinical term to make her aware of and familiar with the various library tools.
9. Planned assignments that call for wide reading.

10. Bulletin boards with displays of illustrative materials arranged by the instructors and librarian related to specific lectures, nursing care clinics and in-service educational programs.

11. Bulletins or memos published monthly to indicate new accessions to the library, current nursing articles in various journals, and the required reading lists for various courses. These lists should include not only curricular but also extracurricular and recreational reading.

12. Microfilms of materials that are difficult or impossible to obtain.

13. A ward library in each clinical nursing area of the teaching hospital.

14. A tour of a nearby public library because it is here that the facilities of the nursing library must be supplemented.

Nurses do read! Therefore it is our duty as nursing educators and administrators who cherish the truth and reverence human dignity to be more intent that nurses, "do more with their time than becloud their imagination and confuse their minds."[6] Since the use of the library plays such an important part in nursing education, just as important as the part played by the hospital and nursing equipment, what contributions can you make to motivate nurses to make better use of the nursing library?

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A new medical film, presenting a general survey of the causes and effects of hypoxia, has been released by Union Carbide Canada Limited. This 30-minute, 16 mm., color, sound motion picture reviews the basic physiology of respiration and demonstrates clinical recognition of the major types of hypoxia. The film discusses true hypoxia in asthma, broncho-pneumonia, pulmonary edema and typical postoperative patients.

For further information write: Union Carbide Canada Limited, Linde Gases Division, Department 500, 123 Eglinton Avenue East, Toronto 12, Ontario.

A Visit to Carville Leprosarium

HELEN CREIGHTON, A.B., A.M., J.D., B.S.N.

Many years ago, the sufferer from leprosy warned others of his coming with the cry "Unclean! Unclean!" The future held only loneliness, hopelessness and need. Today the person who contracts this condition can look forward to a normal life with confidence. Two of his greatest needs now are for understanding and acceptance by others.

AS THE BUS rumbled along the gravel road that followed the tormented levee of the wandering Mississippi River between Baton Rouge and New Orleans, I wondered: What will the leprosarium be like? How will patients with Hansen's disease look?

When the institution began in 1894, Carville was simply a ruined sugar plantation, rotting and overgrown with weeds, that had been deserted at the close of the Civil War. I had been told that the first patients had arrived on a coal barge, towed up the Mississippi under the cover of darkness to avoid the wrath of neighbors. In that era, it seems, unfortunates were left at this last-outpost-before-death where the mutilating and odorous ravages of disease in their bodies would trouble as few as possible of their fellow men. Two years later the Daughters of Charity of St. Vincent de Paul came to minister to their needs. Ever since then the record has been one of progress.

The Carville I saw was still beyond description. Today, as a complete, functioning town operated by the United States Public Health Service, it is one of the most attractive institutions in the world. The white, antebellum style buildings with deep Southern grill work are set in beautifully green lawns with numerous Spanish moss-draped trees. Inside the buildings, everything is spotlessly clean. Guests 16 years of age and over may visit from 7 A.M. to 7 P.M. and three guided tours are conducted daily.

Our hostesses told us that their problem is to inform the public more adequately about the disease. They are trying to replace the ugly word leprosy with Hansen's disease, a suggested name for this condition.

Incidence of Leprosy

Many people still have a false impression, created by ancient beliefs, by fear or by emotion, about the patients and their disease. Vague notions that the disease is highly infectious and, in some way, loathsome and unclean are common. In reality Hansen's disease strikes at all social levels, the washed and the unwashed. It is a common denominator for the whites, Mexicans, Negroes, Filipinos, Chinese and Japanese who live together at Carville. It is likewise a common bond for the Protestants, Catholics, Jews, Moslems and Hindus who live there side by side. Living at Carville now, or in the past, have been an Annapolis graduate, a boxer, a rabbi, a minister, an Army officer's wife, and a fakir as well as a number of farmers, tradesmen, housewives and others.

At present there are 1,500 to 2,000 cases of leprosy in the United States. About 280 are under treatment at Carville. While 119 persons were admitted from 27 states in a recent three-year period, the majority of patients come from three foci: Along the Gulf of Mexico; in Key West and in the delta country of Louisiana; along the Texas coast near the Mexican border. In addition there are a number of cases in California, although most of these have been imported from the Pacific or other areas. At present it is estimated there are several million cases of Hansen's disease in the world. The majority live in a region from 20°

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The author wishes to acknowledge the assistance of Sister Hilary Ross, Carville for the information received from her address on Hansen's disease to Lafayette District Nurses' Association.

south of the equator to 20° north of it. Two large endemic areas are India and West Africa. Mexico and Brazil, too, have a significant number of cases.

Institutional Facilities

As we walked through the clean, well-lighted buildings, the modern sewage disposal plant, the clinic and the numerous shops, we met and greeted many of the patients. Their taste in clothes, predominantly casual attire, reflected the variant of color and style that people elsewhere wear at work and at home. Patients receive good clothing and food free of charge.

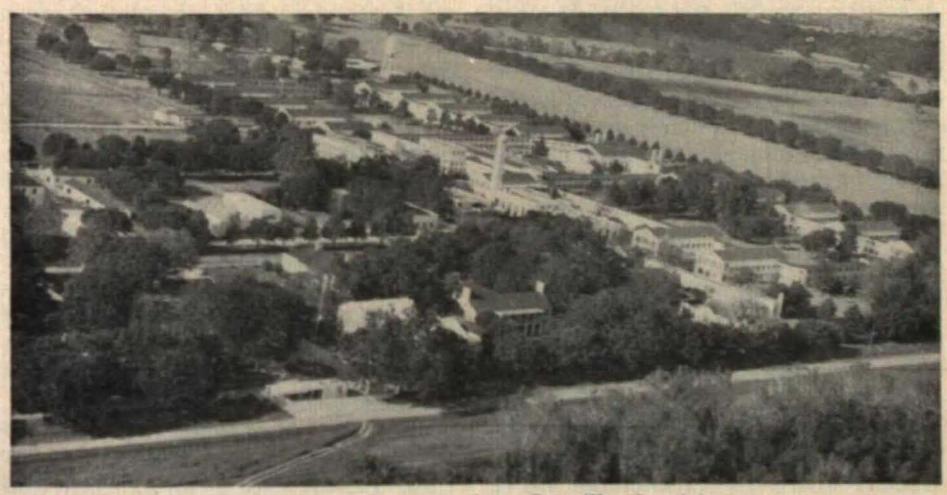
The circulating library with *Time, Newsweek, Life, The National Geographic* and others, contained the usual current magazines and books in demand and read in the ordinary hometown library. Newspapers from various cities enabled patients to keep up-to-date with local as well as national affairs. Some 35 patients are totally blind. For them reading material in record form was available.

Two beautiful lounges with contour chairs, luxurious things of bleached oak and ebony Koroseal, were an invitation to visitors as well as patients to sit down for a while. Two-toned walls, colorful ceramic tile planters and end tables of glass and wrought iron added notes of color and cheerfulness. Best of all, such appointments were being enjoyed by those for whom they were intended, the patients, their friends and visitors.

We met the assistant recreational director who showed us some of his facilities. The golf course — its green surface must be the envy of many grounds keepers — has a professional golfer who teaches the patients. Carville plays competitive matches with other clubs in Louisiana. To the right of the golf course was the soft ball park with the familiar cry, "Play ball!" Nearby we saw large, artificial Lake Johansen stocked with fish from the Department of Fisheries. A number of patients have motor boats and enjoy using them on the lake. Everywhere we noted the number of individuals riding bicycles or motor scooters. The popularity of such means of locomotion is due, in part, to the foot problems experienced by some patients.

Indoors, pool tables and ping-pong tables had their enthusiastic players. In fact, the TV programs did not compete successfully. As several men told us, "We leave TV on to get the news and some music."

Approximately 100 Carville patients enjoy part-time employment while undergoing treatment. The tooled leather articles, for example pocketbooks and ladies' shoes, showed expert craftsmanship and were modestly priced. While apparently none of the paintings were for sale, the colorful scenes depicted in water colors and oils carried considerable appeal and prompted home-owners and apartment dwellers to mentally place one or more in their own interior decorative schemes. At looms, a number of blind and handicapped patients were executing with accuracy intricate patterns in rugs and scarves. When we stopped



The National Leprosarium Carville, Louisiana

to admire the work of one elderly blind woman, she thanked us and added, "I have the advantage of few distractions in my work!" The canteen, under the control of the Patients' Federation, provides snacks, extra foods and other items and gives employment to several patients. Several other patients operate a cleaning and pressing service. Perhaps best known of all activities is *The Star,* an informative magazine that has a circulation of 10,000 and is sent to all parts of the world.

Hansen's Disease

The lecture and discussion periods made us aware of current medical and nursing programs. The medical world classes Hansen's disease as "feebly communicable," but susceptibility is much greater in infants and children. It decreases with age. While it is probable that, in many cases, susceptibility is familial, it is not a hereditary disease. Outside the endemic areas, Hansen's disease is so rarely communicated to contacts that, from the public health standpoint, it might be considered as practically a non-communicable disease.

Briefly, there are two main types of Hansen's disease, lepromatous and tuberculoid. There are also borderline types. In the United States, the lepromatous type predominates. This is not true for the world in general. The tuberculoid type has been said to be as common as acne in the police force of India. The lepromatous type occurs when body resistance is low. Characteristically, loss of eye brows begins at the lateral margins. There is a widespread invasion by the bacillus *leprae,* and the typical nodules, thickening of the skin and leonine facies are due to dense infiltration of the tissues by the organisms. It is a systemic disease with the host and invading organism getting along fairly well together. Pendulous ears and a saddle-shaped nose develop. Blindness is rather common since the eye is involved early and damage is irreversible. Smears from the nose, ears and skin show the presence of the organism.

In the tuberculoid type which is less severe, the body resistance is good. Hypopigmented, well-defined and anesthetic macules are present in the skin. Usually there is considerable nerve involvement with the ulnar, posterior tibial and perineal nerves being most commonly affected.

In the dimorphous or indeterminate type, resistance of the host is variable. Ordinarily the skin and nerves are involved. The skin lesions usually are flat macules, erythematous, hypochromic.

In all types the nerve trunks may be thickened. As a result there is loss of sensation to hot and cold and to light touch. Consequently the hands and feet are prone to trauma. Interference with the nerve supply to a part of the body results in muscular atrophy, decalcification and liquefaction of bones as well as loss of sensation. Even when injury occurs and becomes septic, as often happens a patient may not bother to have it properly cared for since there is little pain and inconvenience. At such times we realize that we are sometimes fortunate to have the sensation of pain.

Treatment

It is still thought by many people than Hansen's disease is incurable. Until rather recently this was, to a large extent, true. Previously victims did not die from the condition as often as from lowered body resistance that caused them to succumb to lesser ailments. Amyloidosis is high on the list of causes of death in Hansen's disease.

With the advent of the sulfone drugs, treatment and prognosis were markedly changed. In 1942 Promin (glucosulfone sodium) was used in the treatment of Hansen's disease. It required daily intravenous injections six days per week and, while it produced promising results, it was very expensive. Diasone (sulfoxone sodium), an oral drug, soon became a drug of choice in outpatient work and often within the hospital. To those on home treatment, it is supplied free of charge. After various trials D.D.S. or Dapsone (diamino-diphenyl-sulfone), the parent drug, has been found effective, cheap, well-tolerated and easy to administer. Today it is widely used in many areas. Ciba 1906 is another modern drug which is well tolerated but somewhat more costly than D.D.S. It must be given daily. Reports from clinical trials in Nigeria indicate that Etip (Etisul) used as an ointment and applied to the whole body for three

hours daily gives good results. Now the minimum treatment for a mild case is two years. For the lepromatous type, the time is about five years. As a result of treatment with sulfone drugs, about 15 per cent of the patients are dismissed yearly from Carville as arrested cases.

Trained physiotherapists give treatments that help to keep nerves and muscles from becoming withered. Remedial surgery restores usefulness to hands and feet. Occupational therapists guide patients in work that will restore skill and suppleness to stiffened hands.

All patients with Hansen's disease require expert nursing care. From the beginning, the Sisters have emphasized treating the whole patient. Each is an individual who will be at Carville for at least one year and possibly many years. On admission, appreciable patient teaching is done to help the individual adjust to his new regime. Throughout his stay a new type of patient teaching centered around activities of daily living is conducted by a team consisting of the nurse, physical therapist and occupational therapist. This results in patients wanting to help themselves and becoming quite independent. This is as true of those who are blind or who are suffering from bone reabsorption as of those with minimal or no apparent handicaps.

Patients go to the infirmary for medications. Eye clinics, ulcer clinics, and others are held for those who require such care. Since patients with Hansen's disease are susceptible to all ordinary ailments such as appendicitis and pneumonia, a small hospital unit including an operating room, x-ray facilities and laboratories are conducted for their care. A complication of Hansen's disease is the toxic lepra reaction, or erythema nodosum, that is characterized by fever, localized tender swelling in the skin and, at times, neuritis. In the acute phase, these patients are cared for in the infirmary. Bed baths, oral hygiene and good skin care are needed by the acutely ill.

In their work the nurses observe certain simple precautions. They wear gowns when caring for patients. They handle the patients and their equipment only to the extent necessary. When caring for ulcers, gloves are worn. Although the hospital at Carville was founded 66 years ago, to date not a single member of the medical or nursing staff has contracted the disease. A resident staff of five doctors, a dentist, and 22 nurses assisted by nursing attendants make up the medical personnel. In addition, specialists from New Orleans make regular visits to supplement the work.

Other Facilities

While Carville's patients ate a nutritious and tasty hot lunch at the colony dining room, we ate the same meal at the station dining room. Once more, the scrupulous cleanliness, attractive surroundings and provision for small social groups impressed us.



Sisters' Home

Later we had an opportunity to see the educational facilities. Elementary, high school and adult educational opportunities are available. The school is certified by the Louisiana State Board of Education and staffed by competent teachers. While Carville has few patients of school age, they are obliged to attend school. Diplomas are issued from a local school in order not to penalize the graduates. Although adults need not attend school, business administration, commercial subjects and courses in speaking English are offered for them.

The religious needs of patients are met through two churches on the grounds. The beautiful Sacred Heart Chapel with its Romanesque architecture and Catholic chaplain serves about two-thirds of the population. The white stucco chapel built by the American Leprosy Missions and its minister serves the other third of the group whatever their denomination. Both chaplains take a marked personal in-

terest in their members. Love affairs occur at Carville as elsewhere. On infrequent occasions, it is the setting of a wedding. However, the majority of patients intent on marriage, take leave, marry elsewhere and return. There were 18 married couples in the colony which provides small cottages for normal family life.

Preparation for Discharge

Our final meeting, appropriately enough, was devoted to a consideration of discharge from Carville. Three factors must be considered:

1. The marked dependency of patients. At Carville, the patient has had an easy life. Food, shelter, clothes, medical treatment, recreation, educational advantages, are all supplied. With the possible exception of separation from his family, the patient has few worries. Accordingly, he may be hesitant about facing the outside world again with its demands and responsibilities. Preparation for discharge must be undertaken well in advance and the individual gradually restored to a non-sheltered environment.

2. The problem of social rejection of patients outside the colony is a real one. Due to fear of the disease, many of the patients' own families do not want them. Again, a skilled social case worker must confer with the patient and his family in order to break through this barrier.

3. The employer — employee relationship needs to be established. The social case worker tries to place the person in the job for which he is best suited. Some employers refuse to hire the ex-patients. Other employers are willing to employ them on condition that their hospitalization at Carville remains unknown to fellow workers who may refuse to work with them. At the time of discharge, the Carville staff endeavors to get patients successfully rehabilitated in normal communities.

Now for the first time in history a patient can enter Carville with the expectation that his condition will be arrested. He can look forward to rejoining us in normal living. What Carville and other leprosaria need more than anything else is a tremendous program of education for the public-at-large to eradicate fear, ignorance and misconceptions about Hansen's disease.

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Youth must criticize the elders for the simple reason that it has few achievements of its own to acclaim.

When cooking rice drop a small piece of butter into the saucepan and you'll find it keeps the water from boiling over.

The Inactive Nurse Returns to Duty

THELMA HORNE

A refresher course for inactive graduate nurses.

THE NURSING PROFESSION is one of those human institutions that is particularly sensitive to its purpose and methods since it is so closely linked to the needs and problems of people. The purpose of our profession never changes but the methods vary with increased knowledge and research. It is not surprising therefore that the nurse who has not been active in her profession over the years, or has specialized in one particular field, may be apprehensive and uncertain about her ability to return to active patient care. As with any progressive profession, nursing should have a definite goal ahead — the goal of more and better nursing care to the public.

In the present crisis of nurse shortage, training new students is not enough to keep pace with increasing demands for nursing service. We must encourage the nurse who trained some years ago to return to active duty. This can be achieved by educational program based upon up-to-date patient care.

The need in Perth County, Ontario, for such a refresher course for graduate nurses was made very obvious to Miss Minerva Snider, director of nursing, Stratford General Hospital. In the fall of 1959 she conducted a survey of the county for the local civil defence program. In a questionnaire, inactive nurses were asked if they could be called on in the event of disaster. Many were keenly interested in doing so but felt that they needed to "brush up" on present-day nursing methods if their services were to be of any value. As a result it was decided by members of the hospital staff that such a course would be sponsored.

A questionnaire was sent to each inactive nurse in the area asking:

1. If she was interested in a refresher course; 2. her school and year of graduation; 3. the date when she was last actively engaged in nursing; 4. if she was an R.N.A.O. member.

There were 20 answers to the questionnaire. A former nursing arts instructor was engaged to carry out the program. This meant that there would be no additional strain on the regular teaching staff at the hospital.

The director of nursing education, her staff and the instructor for the course prepared an outline of essential material, a lecture schedule, and application forms. These were sent out to each interested nurse.

In planning the outline, we tried to cover as fully as possible the advances that have occurred since 1930, the graduation year of many of the applicants. We endeavored to give an overall picture of nursing as it is practised today. We tried not to confuse the nurses with technical items.

In the preparation of the lecture schedule, we planned for continuity in theory and demonstrations. For example, one day was devoted to obstetrical nursing. It included a lecture on routine obstetrical nursing, perineal care, delivery room routine, care of the newborn, nursery routine and a tour of the obstetrical department.

Since it was felt that clinical experience is as valuable as formal teaching, it was planned that two hours daily should be spent in actual nursing care. The nurses were requested to come in full uniform. To differentiate them from the general duty nurses, they wore white cotton armbands with S.G.H. Refresher Course in blue lettering.

Each nurse was assigned one patient to whom she gave total care in her daily clinical experience. A clinical instructor and the instructor for the course assisted as necessary. Each instructor observed approximately nine nurses. The assignment took less time each morning as the nurse became more familiar with the routine and

Mrs. Horne was the nurse instructor for the course described here which was organized in cooperation with Miss Martha Racey, director of nursing education, and her staff.

more confident in her ability. We tried not to vary the assignment from day to day in order to assure better care to the patient. In her free time the nurse observed the staff nurses doing procedures; read the Kardex and the ward procedure manual; observed procedures done by doctors. The medical staff was very interested in the program and gave valuable bedside clinics at every opportunity. Every third day the nurses were rotated from medical to surgical wards. Two hours were spent by each nurse in the obstetrical department. At the end of the first week everyone had had experience in each department. At the end of the course each nurse had a total of 18 hours active patient care to her credit.

In preparation for the program a procedure book was prepared for each nurse. It included an index and all of the procedures covered during the two-week period. This manual was most beneficial since the time generally required for note-taking was used to better advantage. Two evaluation sheets were presented to each nurse at the start. The first was filled in at the end of the first week. This evaluation was to include constructive criticism of the course to that point and suggestions that might be included in the second week. The second sheet was to be turned in at the end of the course as a general evaluation. Ideas and suggestions for future courses were requested.

The lecture periods totalled 57 hours. Each day, two hours or more were assigned to the medical staff, dietitian or pharmacist. The material presented was correlated with the nursing demonstrations carried out the same day. For example, a doctor presented a class on diabetes mellitus, the pharmacist lectured on the new drugs used in its control; the nurse instructor demonstrated the use of Clinitest and reviewed the various insulins and charting for the diabetic patient. The unit was completed by a class on diabetic diets.

Tours were made to various departments at intervals throughout the 10 days. These were planned for the end of the day when the nurses were weary of steady concentration. The medical staff contributed five and one-half hours of lecture; the pharmacist one and one-half hours; the dietitian one hour; films six hours; civil defence coordinator one hour; hospital administrator one hour; and the balance by the nurse instructor and other nursing personnel. Where possible, the clinical instructor or supervisor gave information concerning her particular department. For example, the obstetrical supervisor and instructor conducted all classes pertaining to their specialty. One hour was allowed at the end of each week for the nurses to ask questions and discuss problems. These sessions usually went well over the allotted time.

Class schedules were posted on the bulletin boards tthroughout the hospital. Any nurses presently employed at the hospital or those who felt they could not participate in the entire course, were encouraged to attend as many classes as they were able or ones in which they were particularly interested. This opportunity was popular with many. At some classes we had as many as 32 nurses including public health nurses, supervisors, and private nurses.

In conclusion, the general enthusiasm of the nurses and the willing cooperation of the hospital staff made the refresher course a most stimulating and profitable experience for all concerned.

We felt a sense of achievement in helping the inactive nurse to achieve an up-to-date view of her profession. These women now are prepared to take an active part, not only in case of local disaster, but in general hospital nursing. Several nurses have offered to do relief nursing at any time. Some are doing full-time general duty.

COURSE OUTLINE

Length Of Course: Two 5-day weeks, 8-hour days.

Overview: The course was planned around the present problems of the graduate nurse who has been separated from active nursing care in the modern hospital. It was intented to develop the nurse's confidence in her ability through adequate instruction in up-to-date procedures and orientation to the physical set-up of the hospital.

Objectives:

1. To acquaint the nurse with modern nursing measures.

2. Through knowledge to instill a feeling of adequacy and security in her ability to practice her profession.
3. To prepare nurses to assist in the local hospital in the event of disaster or general shortage of staff.
4. To prepare the nurse so that she may return to hospital nursing on a full-time basis.

Methods of Teaching:

1. Formal classroom lectures and demonstrations.
2. Films.
3. Bedside clinics and demonstrations.
4. Tours of all units and departments of the hospital.
5. Total patient care clinics.

Reference Material:

1. *The Canadian Nurse.*
2. Texts in nursing principles and arts.
3. Texts on medical and surgical nursing.

Evaluation:

1. Sincere interest and enthusiasm in the refresher course.
2. Stimulus to the entire hospital staff, both nursing and medical.
3. Some nurses returned to active duty.
4. Improved public relations.

Exit — Sore Throats

Sore throats have plagued man since early cave dwellers grunted at chilling winds. Many cures evolved through the ages; relief often came in spite of them. Witch doctors gyrated wildly to ward off demonic throat disorders; shamans went into deep trances to relieve their fellow tribesmen. In the Middle Ages, a sore throat sufferer downed concoctions made from cremated nestling swallows. If that did not work, he might have his throat cut slightly to cure it.

When an American colonist's larynx was sore, he fared better. Acacia, a yellowish brittle substance with an insipid taste, was the treatment of that day — a soothing remedy exuded from stems and branches of small African trees. Raw acacia was stocked by shop owners whenever slave ships docked with some to sell. Tedious work for the lady of the "kitchen" was ahead — it took longer to prepare acacia than to make a Christmas plum pudding.

She mixed it with flaxseed into a mucilage of licorice and lemon juice, then set it in the fireplace to simmer. When the bubbling brew was ready, her suffering male would grimace as he downed it. A bitter — but somewhat effective — treatment for sore throat. When slavers came back empty-handed of acacia, other remedies were tried. Brandy topped the list; hot foot baths and flannel scarves draped tightly about the neck were also popular.

A century later, medical journals recognized "smoker's patch" as an irritation of mucous membrane where the pipestem generally rests. Their remedy, for what we call "sore throat" was soothing solutions of chromic acid with borax and honey, or weaker mixtures of silver nitrate.

Science still groped for a cure as late as 1925, when Dr. A. H. Hare published his textbook of *Practical Therapeutics.* The dangers of sore throats, it would appear, did not compare to the menace of some of its cures. Alum, cannabis or Indian hemp, hydrocyanic acid, bitter almonds and belladonna were all known to have helpful properties; all carried dangerous undertones. As Dr. Hare reports: "Alum would be of much service as a gargle were it not that it possesses a destructive action on the teeth." For those saddened by sore throat miseries, the good doctor cautioned against flowering tops of the female plant of Indian hemp. While it soothed a tickling in the throat, it also caused incessant laughter and wild exhiliration.

As for other treatments, Dr. Hare had more warning notes: "Bitter almonds have been used to allay irritable throats, but yield a poisonous oil . . . one drop of which will kill a cat while 17 drops have killed a man." This treatment, "locally applied" was also thought to be "of value for the removal of freckles and sunburn." Belladonna was termed less dangerous by Dr. Hare, who described it as " . . . a form of a root and leaves known as 'deadly night shade' for the nervous cough of children and adults; one of the best remedies. Also good for constipation and hiccoughs."

The last thirty years have seen more rapid advancement than in thirty decades before them. Where treatments such as those described by Dr. Hare were left to expert pharmacists, who had to painstakingly neutralize deadly elements, we now can have trust in effective and easily-administered lozenges. — Central Features News, Inc.

THE PUBLIC HEALTH NURSE

LOUISE OLIVIER, B.SC.

In which we look at what the public health nurse does in industry and in the community health agency.

Her Role Defined

THE WORLD HEALTH ORGANIZATION describes the public health nurse as a special type of nurse who adds to the general skills of her profession those particularly related to public health and, to a certain degree, those of social service. She functions within the general scope of public health with its aims of promoting health, improving environmental conditions whether they are of a material or social nature, preventing illness and infirmity and assuring rehabilitation of the sick and infirm.

Her Duties

The nurse in the organization specializing in home care and the one employed by industry are both in the public health field. They work not only to cure illness but also to improve health generally and prevent further illness for the patient and his family. The family is a unit and the welfare of each of its members is important to good family functioning and happiness. The public health nurse is the one who, from a health standpoint, has the most contact with the individual and his family. The responsibility for educating, guiding, counselling, forewarning, caring for and, in a general way, mobilizing family resources and community facilities to resolve health problems falls mainly upon her.

The nurse involved in home care, like her sister in industry, carries out medical orders in conformity with techniques approved by the employing agency or the medical officer. The nurse must keep the doctor informed of all the factors in the family environment or in the patient himself which may affect the course of the illness or the treatment. Within the home, the nurse can call upon her initiative in giving the highest possible quality of care in an environment quite unlike that of a hospital. She assures continuity of care for her patient between visits, by choosing the person from those around him who is most capable of assuming responsibility for his care. The nurse does not limit herself to verbal instruction only but teaches methods of care and makes sure that the individual responsible for the task can carry it out properly.

Rehabilitation measures play an increasingly important part in patient care. They should start when the doctor makes his diagnosis and the nurse comes into contact with the patient for the first time. Thus they become a part of general nursing care.

The nurse in industry sees to it that the ill or injured receive adequate care immediately. In instances of severe injury or illness, she looks after the patient's transport to hospital. In less serious cases, she takes the opportunity to teach the care of wounds and prevention of accidents. The home visit, be it for the purpose of giving care or solving a family problem, is also a function of the industrial nurse.

What She Must Know

To fulfil her function, the public health nurse must know when to seek medical help or assistance from community organizations. Not only must she be able to detect symptoms of illness and refer the individual and his family to the doctor or outpatient department of a hospital, but she must also seek for existing social problems, know where to apply for help and how to obtain it for those in need. The public health nurse functions as a member of a team that includes representatives from other professions such as medicine, dentistry, sanitary engineering, social work, nutrition. It is important for her to understand fully the contribution that the other team

Miss Olivier is a supervisor in the nursing section of the City Health Department, Montreal. This address was given at the Study Day program of the A.N.P.Q.

members can make. She should cooperate closely with welfare and safety departments, and personnel relations departments if these services are present in her situation.

As educator, counsellor and guide the public health nurse must try to inculcate principles basic to health preservation. Her aim is to procure for everyone a state of complete well-being — physical, mental and social. The nurse in public health needs sound preparation in maternal and infant welfare as well as the health needs of the school child, the adolescent, the adult and the aged. She must know what is considered as normal for each stage and possible means of improving health or preventing illness at each level. A knowledge of mental hygiene principles will contribute to her understanding of human behavior. Her close contact with the patient and his family places her in an excellent position to detect deviation from normal mental health patterns at the very beginning. Her grasp of mental health principles also helps her to determine when she can be of assistance to the patient through counselling and when expert help is required.

Other Areas

There are many other areas with which the public health nurse must be conversant such as, contagious diseases, nutrition, accident prevention, sanitation. She must also be familiar with publications pertaining to public health if she is to keep herself up-to-date. She has other duties too: Preparing for and assisting the doctor with pre-employment, periodic and follow-up physical examinations; general supervision of the premises in relation to sanitation and of work conditions as they involve safety factors and accident prevention; health teaching; familiarizing herself with practices and principles that control industrial health, and laws applying to accidents among workmen.

As a Teacher

Teaching means encouraging and guiding someone in the acquisition of new information. To do productive teaching, the nurse must understand the principles of learning and the various factors affecting learning. She must be thoroughly versed in the principles and methods of teaching to be able to apply them to the needs of the individual and the community. She must know how to listen; be skilful in detecting individual needs; capable of rounding out the knowledge that the individual already possesses.

One of the responsibilities of the public health nurse is to cooperate in the education of the undergraduates. Future public health nurses need to acquire experience under the same conditions that they will encounter later. The student needs the example of the nurse in active public health work as she provides high quality care to the family and cooperates efficiently with representatives of associated professions and community organizations. The nurse guide must possess professional competence, teaching skills and must feel an interest in this side of her work in addition to having sufficient time to spend with the student.

Records and Reports

The public health nurse must be aware of the significance of the records and reports required by the employing agency. Concise, accurate, complete documents facilitate continuity of services by providing as exact a picture as possible of what has already been done and of what is planned for the future.

Conclusion

Again, according to WHO definition, we, as nurses and whatever our field of interest may be, should see every human being as a whole — as an individual and as a member of a family. We need an understanding of the processes of growth and development, and of the foundations of human behavior. We must know how to analyze social factors; be able to educate others efficiently; be able to determine and use the resources proffered by the community in relation to health protection.

Although it is being acknowledged more and more freely that student nurses should receive instruction in prevention of illness and in teaching techniques, it must be admitted that very few have received such preparation up to the present time. After discussing basic nursing education,

WHO authorities note that this alone is not adequate for the nurse who intends to enter the public health field. To fulfil her role, she must have specialized university study and maintain a constant interest in her own professional development through continued reading.

THE CARE OF THE PATIENT IN TERMINAL ILLNESS

MARY J. MCGRATH

The care of the dying can be a time of testing for the nurse.

CANCER is the second greatest killer in Canada today. It causes almost 50 percent more deaths now than it did 35 years ago. It is, for the most part, a disease of the aged and has risen proportionately with the decline of deaths from communicable diseases. Despite strides that have been made in the early detection and treatment of cancer, the problem is as yet largely unsolved. The significance of this to the nurse is that she will be caring for an ever-increasing number of cancer patients with each succeeding year. It is for this reason that emphasis on the nursing care of patients in the terminal stages of the condition is more important than ever before.

The Suffering Patient

The problem of pain is of greatest concern. There are other diseases that cause very severe pain, but none that is likely to produce such constant suffering. The severity will differ widely with the individual patients. Emotional reaction to it will vary also.

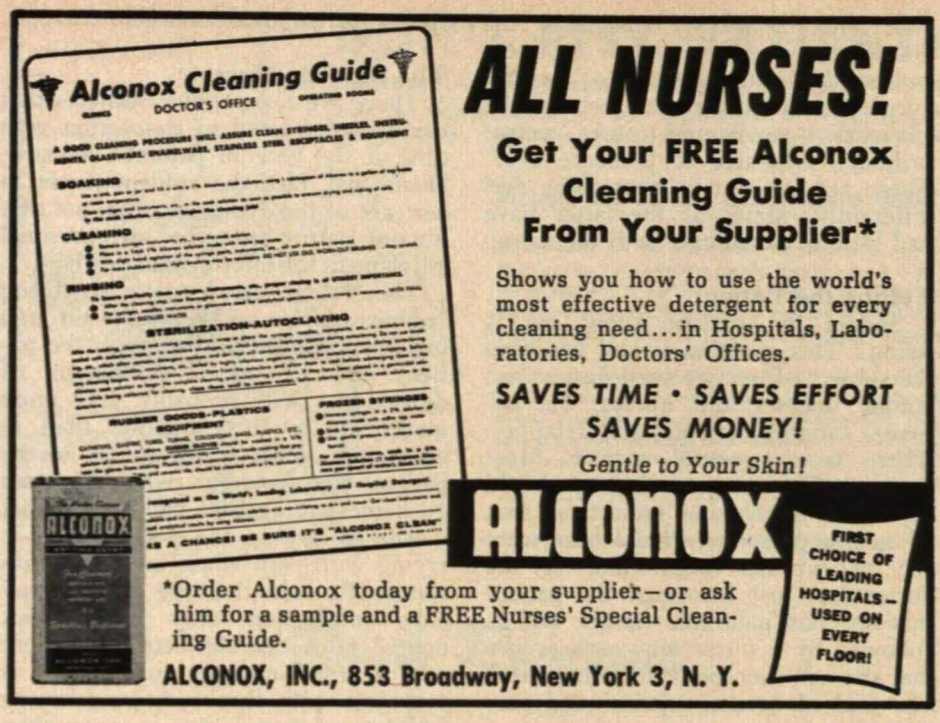
The manner in which any narcotic is given will do much to increase or decrease its value in alleviating pain. It is fairly common practice to wait for the patient to ask for an analgesic. The wisdom of this is open to question. If the patient waits too long and pain becomes very severe, even a potent narcotic will do little to relieve it. On the other hand, if the patient asks too soon, we may be faced with the problem of addiction in a short time. Administration of an analgesic on a regular basis of every four to six hours might help prevent both of these difficulties. If the nurse has a soothing, unhurried manner; if she takes a few minutes to listen to the patient express her feelings, she can do much to enhance the action of any narcotic.

Occasionally, doctors prescribe placebos for terminal patients. It is to be hoped that this is done only after serious consideration of the individual case. The fact that a placebo appears to "carry" the patient the first few times after administration is hardly an adequate indication that her pain is purely imaginary. Anyone who has received a potent drug many times will build up such confidence in it that her belief in its effectiveness may keep pain at bay temporarily. If, however, the placebo is used to such an extent that the patient realizes it does not help her at all, her loss of confidence may seriously diminish the action of the genuine narcotic when it is finally offered to her. If, by chance, the patient should come to suspect that she is being given a placebo, she may never regain her former trust in the doctors and nurses.

Emotional Responses

There is often a marked emotional reaction on the part of the patient to diseases of the reproductive tract. Down through the ages there have been countless taboos concerning the functions of the female organs. The Greeks felt that mental instability in women was caused by the uterus. The Jews considered the menstruating woman "unclean," and felt that childbirth should be followed by the reli-

Miss McGrath is a senior student at the Royal Victoria Hospital, Montreal.



gious ceremony of purification. Many of the Christian churches perpetuated the idea that the reproductive organs were unclean and a source of shame. Is it any wonder, then, that many women still refuse to see a doctor about diseases of these organs until symptoms of illness are no longer bearable?

The nurse who is caring for a patient with terminal carcinoma of the reproductive system must always remember that the patient may regard the disease as an outcome of her real or imagined misdeeds. Moreover, if she has undergone surgery, she may suffer marked psychic trauma through a feeling of loss of female function and identity. Such reactions may be overt or hidden. The understanding of the nurse, the sympathetic counselling of the clergyman, the demonstrations of affection from husband and family will do much to help the patient adjust to the situation.

The Purpose of Care

The treatment of the patient with incurable cancer raises many problems in the mind of the nurse as to the prime purpose of nursing care. Is her main duty to preserve life as long as is humanly possible, or is it to keep the patient relatively free from mental and physical discomfort? In caring for a person who has some hope of recovery, preservation of life is far more important than immediate comfort. But what about the dying patient?

Let us take the hypothetical case of Mrs. Brown who is dying of cancer of the cervix, and is extremely malnourished. All she is interested in is her six cups of tea a day and an occasional treat brought from home. As long as the tea is made to her liking she is quite content. Must she be forced to eat "high protein softs and fluids?" In all probability she has never been interested in cottage cheese, doesn't like fruit juices, and fells sick at the thought of an eggnog. The nurse may feel somewhat uneasy no matter which course she takes. On one hand, she feels that her permissiveness is hastening the patient's decline; on the other hand she feels that she is being brutal in refusing to allow a terminal patient to choose her own diet.

This type of problem, physical care versus the mental support of the patient, will occur many times. Consideration of these aspects may influence the doctor's decisions concerning the

type and strength of analgesics, the administration of oxygen or intravenous fluids, the benefits of further surgery. Many clergymen feel that the Christian is not bound to take "extraordinary measures to preserve life." There are, of course, those who feel differently. Many of the latter have had little or no contact with the dying.

Telling the Patient

Should the patient know she is dying? This question is and has been the subject of many heated discussions among doctors and nurses, the patients' families, friends and relatives. There is no general answer. Most certainly the nearest relatives should be told. It is of prime importance that all medical personnel should know what the patient has been told. If the doctor has just informed the patient that she has incurable cancer, and is followed by a nurse who assures her that she will soon be better, the patient may indeed become cynical and suspicious.

Some patients show a great desire to know "the real truth," but are completely shattered when it is revealed to them. It is, perhaps, kinder to tell the patient that she has a serious illness but that everything possible is being done to help her. Many people can adjust better to an illness if there is a tiny ray of hope. Some will see through the subterfuge, but prefer to speak of their illness by any other than its real name. The terms "cyst" and "tumor" do not carry with them the connotation of endless anguish and intractable pain that the word "cancer" does. But there are always exceptions. These are the few patients of very firm religious belief who seem to find peace once they are told the truth and who spend the rest of their days settling their family affairs and putting their spiritual house in order.

The Student Nurse

There are many other subjects that could be discussed in connection with care of the very ill patient. The problems that face the student nurse in her care of the dying are often not of a nursing nature but of her own personal adjustment to suffering and death.

The student may experience strong feelings of fear and revulsion through involuntary identification with the patient and an instinctive horror of death. She will probably feel more inadequate in this situation than in any other. What is she to say to the patient who wonders when she can go home and see her children? What is she to say to the patient who is crying with pain when the doctor has specifically said that the patient may have medication only every four hours? How can she help the patient who is vomiting continually, who is overcome with that feeling of weary futility and despair that is worse than pain itself? To hide these feelings of fear and inadequacy the student nurse may assume a defensive shell of cold detachment. She feels that a spontaneous demonstration of warmth and concern would leave her more vulnerable to pain and hurt; more likely to become "emotionally involved" with the patient. It is at this point that she will need the understanding guidance of a senior nurse to help her view the situation in a better perspective. The success of the student's future as a good nurse depends on it. The welfare of the patient depends on it.

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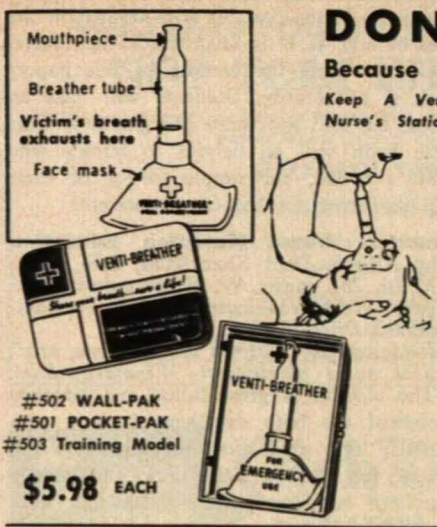
1. Saunders, C. Care of the Dying. *Nursing Times* Reprint, 1959.

2. Ingles, T. What is Good Nursing. *American Journal of Nursing*, Sept. 1959.

"A Study of Student Nurse Perception of Patient Attitudes" by Rena E. Boyle, R.N., Ph.D., has just been published by the Division of Nursing, U.S. Public Health Service. This is the report of a two-year research project designed to find out how well student nurses recognize which hospital nursing services are most important to their patients.

The findings suggest that nursing students may need more training and experience in interpreting and applying available information about their patients.

Copies of the report (Public Health Service Publication No. 769) are available from the Superintendent of Documents, Government Printing Office, Washington 25, D.C., at 45 cents each.



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Book Reviews

Administration of Public Health Services by Ruth B. Freeman, R.N., Ed.D. and Edward M. Holmes Jr., M.D., M.P.H. 507 pages. W. B. Saunders Company, 3207 West Washington Square, Philadelphia. 1960. Price $6.75.

Reviewed by Miss Catherine Gannon, Victorian Order of Nurses, 1645 West 10th Ave., Vancouver 9.

The administrative responsibilities inherent in the work of public health have multiplied and deepened. The authors, with this in mind, attempt to further the understanding of tested management principles as they apply or might apply in this area of nursing. The principles of sound management are discussed in a practical manner. Valuable clues and leads on methods of coping with problems are offered. Examples of situations are given often following a general statement. This is of considerable value to one who is not fully acquainted with all aspects of administration.

Some areas, such as fiscal management and human relations in management are discussed quite fully and are very practical. Others that are very broad in scope, for example research, are mentioned in brief outline, with the suggestion that further investigation and reading be done.

This text would be of value to students of administration, new administrators and those who have been in the field for a period of time. It has something to offer each one of them.

Mental Health, The Nurse and The Patient by Doris M. Odlum, B.A., M.A., M.R.C.S., L.R.C.P., D.P.M., Dip.Ed. Edited by Ethel Johns, R.N. 192 pages. J. B. Lippincott Company, 4865 Western Ave., Montreal. 1960. Price $3.90.

Reviewed by Sister Thomas Joseph, Halifax Infirmary, Halifax, N.S.

Dr. Odlum is deceptively simple in her approach to the problem of mental health as it is related to the patient and nurse. It is only on completion of the book that one realizes that every facet of mental health has been covered. Simplicity indicates a master's touch and the author certainly excels in this art. This is due, no doubt, to the fact that she can write with authority as physician, psychiatrist, lecturer to nurses and even from the patient's point of view.

Easy to read, stimulating, and thought-provoking this book should be read by all head nurses, who will see their true selves emerge as they read such chapters as "The Hospital And the Patient" and "The Nurse." Personal- and patient-insight will be gained through the practical applications of the principles of mental health.

Some chapters are far too brief, especially chapter two, although it serves as an excellent introduction to chapter three. On the whole this is an excellent text to give one a broader and deeper approach in teaching total nursing care to students and in helping them to grasp the fact that nursing is a vocation — a dedication of self to service.

Aseptic Technique for Operating Room Personnel by Erline Webb Perkins, R.N., B.S., M.S. 112 pages. W. B. Saunders Company, West Washington Square, Philadelphia, Pa. 1959. Price $2.00.
Reviewed by Miss Beth Robinson, Prince Edward Island Hospital, Charlottetown, P.E.I.

The objectives of this book are:

1. To supply concise, pertinent information for nonprofessional operating room personnel;

2. to act as a guide for an instructor in developing an organized course in operating room nursing for nonprofessional personnel.

The author succeeds in reaching the first objective since most of the basic principles and techniques are clearly outlined. The value of the book seems to be in the scope of the second objective. The information presented could form an excellent nucleus upon which an instructor could build an organized program for auxiliary personnel.

The book includes a good student record form and outline for evaluation of student performance and adaptability. One weak point is the rather difficult nature of the material for nonprofessional people. The text lacks adequate explanation of basic underlying principles. This necessitates the use of additional texts.

Primer on Cancer for Nurses. New York City Cancer Committee of the American Cancer Society. 142 pages. 1960.
Reviewed by Mrs. Norma Friedman, Clinical Instructor, Royal Jubilee Hospital, Victoria.

This is one of the very few books written to help new students meet the challenge of cancer nursing. Emphasis is on a simple approach that is related to nursing care.

The etiology and pathology of cancer are outlined in the simplest medical and technical terms. This serves as a background for a fuller discussion of present means of detection and diagnosis. Chemotherapy is mentioned briefly. Radiotherapy, surgery and related nursing procedures are discussed with the aid of simple diagrams. The emotional impact of cancer on the patient is explored. Basic nursing measures related to physical comfort are skillfully blended with psychiatric concepts of the patient's adjustment to illness. This patient-oriented approach is consistent since rehabilitation is discussed in relation to prostheses, self-help and the patient's adjustment at home and in the community.

The student nurse is not left to contemplate her role in the care of the terminally ill patient. Rather, she is shown cancer as it existed in the past, as it is treated in the present and as it is studied for the future.

Unfortunately the binding of this paperback is not sturdy. Students will miss an index, but will appreciate the glossary. This little book will be helpful to nurses who want a broad, but simple survey of their role in caring for the cancer patient.

Practical Nurse Nutrition Education by Alberta Dent Shackleton, B.S., M.S., M.Ed. 201 pages. W. B. Saunders Company, West Washington Square, Philadelphia 5. Price $3.00.
Reviewed by Winifred M. McEwen, practical nurse nutritionist, Winnipeg, Man.

The method of presentation and material presented are both excellent. It is a particularly fine guide for the instructor but covers the field a little more completely than can be accomplished practically with the limited amount of time available in the present course of study for practical nurses.

Social Science in Nursing by Frances Cooke Macgregor. 354 pages. Russell Sage Foundation, 505 Park Ave., New York 22. 1960. Price $5.00.
Reviewed by Miss Shirley Stinson, School of Nursing, University of Alberta, Edmonton.

To the myopic blur of the relationship of social science to nursing, this book brings welcome focus. It is not a comprehensive do-it-yourself kit, nor is it intended to be. Essentially it is the report of a three-year experiment conducted by the author at Cornell University-New York Hospital School of Nursing, the object of which was to establish "what portions of the social science literature might be most directly useful to nurses and how might the material selected be best utilized within a collegiate school of nursing." The book accomplishes much more than the reporting of this project. It is a milestone in the incorporation of social science into nursing and represents, to a considerable degree, a cornerstone for the future of professional nursing.

The author, a medical social scientist, gives a clear and forceful explanation of the desperate need to provide the student with more than an armchair recognition of the behavioral sciences. The tone of her book has an admirable mixture of urgency and caution. She points out the crucial importance of incorporating social science in nursing, yet at the same time tempers her enthusiasm with a sage plea for a careful, knowledgeable approach to the problem.

This book should be of interest to all those who are involved in any aspect of planning patient care. It is a *must*, however, for every nurse who dares to call herself "professional."

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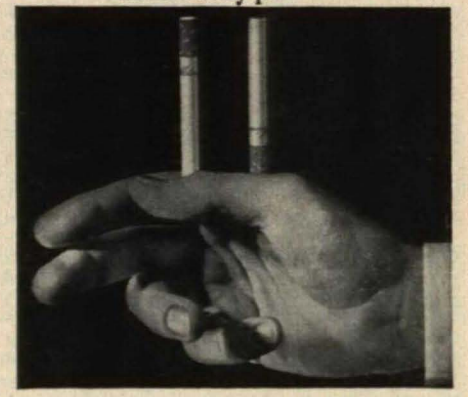
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General Duty Nurses for small active hospital. Salary $270 for unregistered, $285 registered with yearly increments. Nurses' home available. For further particulars write. The Administrator Lady Minto Hospital, Ashcroft, British Columbia.

General Duty Nurses for 200-bed General Hospital with School of Nursing. Salary range $297 to $359. Pre-planned shift rotation, B.C. registration essential. 4-wk vacation after 1-yr. Apply: Director of Nursing, Royal Inland Hospital, Kamloops, British Columbia.

General Duty Nurses — Obstetrical Nurses for modern regional hospital in a very active community. Starting basic salary $297 for B.C. Registered and $282 for non B.C. registered. RNABC personnel policies in effect. Planned rotation. **Certified Nursing Aides** — basic salary $203.70, rooms in new nurses' residence $26 per mo. Apply to: Director of Nursing, Regional Hospital, Prince George, British Columbia.

General Duty Nurses for 110-bed hospital in northwestern B.C. Salary—non-registered $297, B.C. registered $312-$374. Travel allowance, newly furnished residence available. For full details contact: Director of Nursing, General Hospital, Prince Rupert, British Columbia.

General Duty Nurses (2 Immediately) for modern 50-bed accredited hospital. RNABC agreement. Starting salary (BCRN) $297, Board & lodging (in comfortable nurses' residence) $50, M.S.A., superannuation. Apply: G. R. Baker Memorial Hospital, Quesnel, British Columbia.

General Duty Nurse for well-equipped 80-bed General Hospital. Initial salary $307, maintenance $47.50. 40-hr. 5-day wk., 4-wk. vacation with pay. Apply: Sacred Heart Hospital, Smithers, British Columbia.

General Duty Nurses for modern 154-bed General Hospital. Basic salary $297, generous personnel policies, nurses' residence. Apply to: Director of Nurses, Trail-Tadanac Hospital, Trail, British Columbia.

General Duty Nurses: starting salary $299 if 2 yr. experience, $285-$342 in 4 yr. Non registered $270. Maintenance $50, 10 statutory holidays, 4-wk. annual vacation. 1½ day sick leave per mo. Very active town, world famous Cariboo cattle country, annual stampede. Apply: Director of Nursing, War Memorial Hospital, William Lake, British Columbia.

General Duty Nurses. Operating Room Nurse (1) (with postgraduate or equivalent) for July 1st. in very active 146-bed General Hospital. Required October 1, 1961 **Head Nurse** for women's Medical & Surgical 27-bed nursing unit. Personnel policies in accordance with RNABC. Rooms available in nurses' residence. Apply: Director of Nursing, General Hospital, Chilliwack, British Columbia.

General Duty & Operating Room Nurses for 434-bed hospital with training school; 40-hr. wk., statutory holidays. Salary $297-$359. Credit for past experience & postgraduate preparation; annual increments; cumulative sick leave; 28-days annual vacation. B.C. registration required. Apply: Director of Nursing, Royal Columbian Hospital, New Westminster, British Columbia.

General Duty & Operating Room Nurses for 105-bed hospital. Salary $282-$383. Credit for past experience & postgraduate preparation. Annual increments, cumulative sick leave, 28-days annual vacation. Apply to: Mrs. L. Thom, Director of Nursing, Jubilee Hospital, Vernon, British Columbia.

Graduate Nurses for 70-bed acute General Hospital on Pacific Coast. Starting salary $285 with regular increases. Board & room $25 per mo., 5-day wk., 28 days vacation plus 10 statutory holidays, after 1 year. Apply: Director of Nursing, St. George's Hospital, Alert Bay, British Columbia.

Graduate Nurses for 60-bed modern hospital in resort area on Vancouver Island. R.N. basic $297 with yearly increments according to RNABC personnel policies. Enquiries: Director of Nursing, Campbell River & District General Hospital, Campbell River, British Columbia.

Graduate Nurses: Permanent & holiday relief nurses for active 50-bed hospital 35-mi. from Vancouver. RNA of B.C. recommendations implemented. Apply to: Director of Nursing, Langley Memorial Hospital, Murrayville, British Columbia.

Graduate Nurses (urgently needed) for new modern 50-bed hospital in Central B.C. town, salaries $312 B.C. Registered, $297 for non B.C. Registered. Room & Board $50, golf, curling, bowling, roller-skating, swimming at local Hot Springs for entertainment. Apply to: Director of Nursing, Terrace & District Hospital, Terrace, British Columbia.

Graduate Nurses (4) immediately for 40-bed hospital. Salary $300 per mo. for B.C. Registered Nurses & $15 less per mo. for non-registered nurses. 3 yearly increments, 40-hr. wk., 1½-days sick leave with pay per mo., 28-days vacation with pay after 1-year of employment & 10 legal days per year. Fare from anywhere in Canada advanced & need not be repaid if you stay 6 months. Superannuation benefits, uniforms are laundered gratis by the hospital. There is a new modern residence which is available for $45 to $50 per month. Interesting social advantages as an excellent Choral Group, excellent educational opportunities and good sporting, Skating, Bowling, Fishing, Boating, Curling, Hunting, etc. Kindly apply giving references to: Sister Superior, St. John Hospital, Vanderhoof, British Columbia.

Operating Room Nurse with postgraduate course for active operating room in General Hospital with School of Nursing. Salary $297 plus increment for experience. Must be eligible for B.C. Registration. Apply: Director of Nursing, Royal Inland Hospital, Kamloops, British Columbia.

Operating Room Nurses with postgraduate training for modern, active 125-bed hospital, personnel policies in accordance with RNABC. Basic salary $297, rooms available in new nurses' residence. Apply: Director of Nurses, Regional Hospital, Prince George, British Columbia.

Nurses for small active hospital. Minimum salary $310 per mo., yearly increments, allowance made for experience, room & board $35 per mo., refund on fare after 6-mo. $50. Write or phone, Matron, General Hospital, Fort Nelson, British Columbia.

General Duty positions available for Summer relief in all services, also several permanent positions. Basic salary $297 per mo., B.C. registration required, excellent personnel policies. For further details apply to: Director of Nursing, Royal Jubilee Hospital, Victoria, British Columbia.

MANITOBA

Matron (1) duties to commence immediately. Salary $370 per mo. **Registered Nurse for General Duty** (immediately) salary $310 per mo. For both positions $5.00 increments every 6-mo. for 4-yrs. less $45 per mo. full maintenance, living quarters in hospital. Apply to: Medical Nursing Unit, Birch River, Manitoba.

Registered Nurses (2) Practical Nurses (2) for 29-bed hospital near Winnipeg. Salary $315 & $215 respectively. 40-hr. wk., vacation pay, 10 statutory holidays, paid sick leave, room & board $45, $10 increment yearly. **Registered Nurse** (1) with supervisory experience to assume duties of Director of Nursing by September 1961, commencing salary $360. Apply to: Administrator, De Salaberry Hospital District No. 27A, St. Pierre, Manitoba.

NEWFOUNDLAND

Registered Nurses for General Duty & Operating Room for 100-bed hospital. Nfld. Government salary plus $150 bonus end each 6-mo. service. 2-wk. paid vacation after 1-yr., 8 statutory holidays, one-way transportation paid. Apply to: Nurse-in-Charge, Notre Dame Bay Memorial Hospital, Twillingate, Newfoundland.

NOVA SCOTIA

Registered Nurse as Assistant to Head Nurse O.R. (Vacancy June 26th. 1961) postgraduate course not essential, experience necessary. Apply stating experience to: Superintendent, Queens General Hospital, Liverpool, Nova Scotia.

Registered Nurses for General Duty for 21-bed hospital. RNA of Nova Scotia policies in effect. Apply: Superintendent, Eastern Shore Memorial Hospital, Sheet Harbor, Nova Scotia.

General Duty Nurses (Immediately) for 75-bed hospital. Salary according to RNA of N.S. Comfortable living conditions. Apply: Superintendent, Highland View Hospital, Amherst, Nova Scotia.

General Duty Nurses for modern 35-bed hospital situated on beautiful South Shore. Good personnel policies. Excellent living quarters. Apply Superintendent, Fishermen's Memorial Hospital, Lunenburg, Nova Scotia.

ONTARIO

Director of Nursing for modern 75-bed hospital. Attractive growing town of 5,500. Starting salary dependent upon qualifications & experience. Please enclose references, give full particulars & date available in letter to the: Secretary, District General Hospital, Dryden, Ontario.

Supervisor (evening & nights) for 160-bed hospital, 5-day wk., excellent personnel policies. Hospital of Ontario Pension plan, residence accommodation available, assistance with transportation can be arranged. Apply: Director of Nursing, Kirkland & District Hospital, Kirkland Lake, Ontario.

Public Health Nurses (Qualified) for the City of Oshawa. 5-day wk., transportation provided, personnel policies on request, allowance for experience. Apply: Dr. C. C. Stewart, Medical Officer of Health, 50 Centre Street, City Hall, Oshawa, Ontario.

NURSING WITH INDIAN AND NORTHERN HEALTH SERVICES



OPPORTUNITIES

REGISTERED HOSPITAL NURSES, PUBLIC HEALTH NURSES, AND CERTIFIED AUXILIARY NURSES

for positions in Hospitals, Outpost Nursing Stations and Health Centres in the Provinces, Eastern Arctic, Northwest and Yukon Territories.

SALARIES



(1) Public Health Nursing Supervisor II — $5,100 to $5,460 per annum

(2) Public Health Nursing Supervisor I — $4,620 to $5,160 per annum

(3) Directors and Assistant Directors of Hospital Nursing Services:

- a) Classification III — $4,860 to $5,400 per annum
- b) Classification II — $4,350 to $4,860 per annum
- c) Classification I — $3,900 to $4,560 per annum

(4) Public Health Staff Nurses — $3,600 to $4,050 per annum

(5) Hospital Staff Nurses — $3,300 to $3,750 per annum

(6) Certified Nursing Assistants, Licensed Practical Nurses and Nurses' Aides: up to $2,400 per annum depending upon qualifications and location of positions.

- Room, board and laundry in residence at reasonable rates. Statutory holidays. Three weeks' annual leave with pay. Generous sick leave credits. Hospital-Medical and superannuation plans available.
- Special pay and leave allowances for those posted to isolated areas.

For interesting, challenging, satisfying work apply to — Indian and Northern Health Services at one of the following addresses:

(1) Regional Superintendent, 4824 Fraser Street, Vancouver, B.C.

(2) Regional Superintendent, 11412-128th Street, Edmonton, Alberta.

(3) Regional Superintendent, 735 Motherwell Building, Regina, Saskatchewan.

(4) Regional Superintendent, 705 Commercial Building, 169 Pioneer Avenue, Winnipeg 1, Manitoba.

(5) Regional Superintendent, 4th Floor, Booth Building, 165 Sparks Street, Ottawa, Ontario.

(6) Zone Supervisor of Nursing, Box 493, North Bay, Ontario.

(7) Zone Superintendent, P.O. Box 430, Upper Town, 3 Buade Street, Quebec 4, P.Q.

(or) Chief, Personnel Division,

Department of National Health and Welfare, Ottawa, Ontario.

Operating Room Supervisor & Registered Nurses for small sized modern hospital, recently opened. Good personnel policies & salary, 40-hr. wk., 8 statutory holidays & other employee benefits. For further information apply: Superintendent, Kemptville District Hospital, Kemptville, Ontario.

Registered Nurse, fully qualified as **Supervisor** for newly renovated Obstetrical Department in Northern Ontario. Salary $350, personnel policies, pension plan. Contact: Directress of Nurses, Misericordia Hospital, Haileybury, Ontario.

Instructor - Clinical with postgraduate university work for active Medical floor, beginning July, 1961. 53-students, hospital expanding to approximately 300-beds. — Services segregated, good personnel policies. Apply: Director of Nursing, General & Marine Hospital, Owen Sound, Ontario. (Georgian Bay Area.)

Registered Nurses $300 per mo. min. to max. $340, 3-weeks vacation with pay, sick leave after 6-mo. service. Non Registered — $15 less, Cert. N.A. $210 min. to max. $240, 2-wks. vacation with pay, Non Certified Cert. N.A. $200 to max. $230. Increases for both groups $10 per mo. after 1-yr. on staff. 9-statutory holidays. All staff:— 5-day 40-hr. wk. Apply: Superintendent, Englehart & District Hospital, Inc. Englehart, Ontario.

Registered Nurses (2) for Camp B'nai B'rith at Quyon, Quebec, 30-mi. from Ottawa. — July 2nd. to August 21, 1961. Good remuneration, excellent accommodation. Apply to: Nathan Schecter M.D., 297 Laurier Avenue, East, Ottawa 2, Ontario.

Registered Nurses for 60-bed hospital. Salary $280 per mo. gross. Good personnel policies. For further particulars apply: Superintendent, St. Marys Memorial Hospital, St. Marys, Ontario.

Registered Nurses for new modern 15 (Medical & Surgical) bed hospital in the heart of the Niagara Fruit Belt, 12-mi. from Niagara Falls. Operating room experience desirable. Apply stating qualifications, expected salary, date available & telephone number to: Administrator, Medical Centre Hospital, Box 10, Virgil, Ontario.

Registered or Graduate Nurses for modern 100-bed hospital, 40-hr. wk., rotating shifts, good location near Rideau Canal Summer Resort, 1-hr. from Ottawa, for further details apply: Director of Nursing, Public Hospital, Smiths Falls, Ontario.

Registered Nurses, Certified Nursing Assistants for modern 75-bed hospital. Starting salary: R.N.'s $300 per mo. with merit increases after 6-mo. service, C.N.A.'s $216 per mo. Single room residence accommodation available. Attractive growing town of 5,500 midway between Winnipeg & Fort William on the main line of the C.P.R. & on the Trans-Canada Highway in the midst of large tourist area. For information regarding personnel policies, community activities, etc. please write, wire or telephone to: The Director of Nursing, District General Hospital, Dryden, Ontario.

Registered Nurses & Certified Nursing Assistants for 160-bed hospital. Starting salary $300 & $210 respectively with regular annual increments for both. Excellent personnel policies including 5-day wk. Hospitals of Ontario pension plan. Residence accommodation available. Assistance with transportation can be arranged. Apply: Director of Nurses, Kirkland & District Hospital, Kirkland Lake, Ontario.

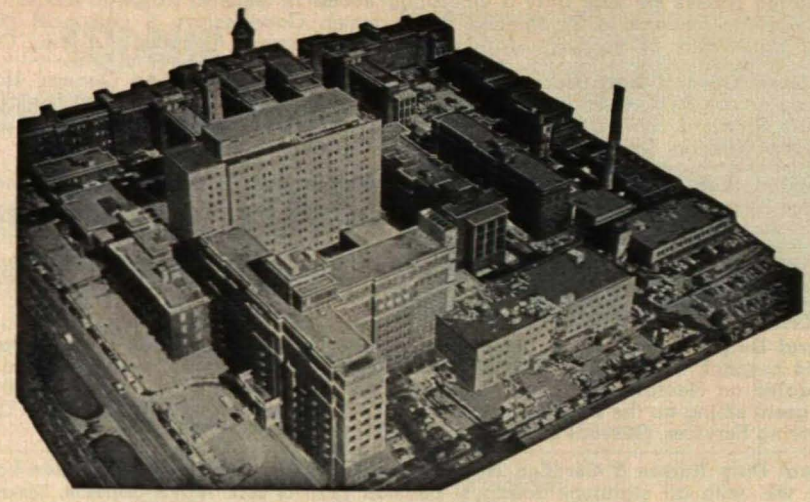
Registered Nurses & Certified Nursing Assistants for immediate & future vacancies in this 42-bed hospital. Starting salary $300 & $210 respectively. Accommodation in new residence. Deduction for room & board $40. Pension plan available & other benefits. For full information apply to: Superintendent of Nurses, New Liskeard & District Hospital, New Liskeard, Ontario.

Registered Nurses for General Duty for 50-bed hospital, good salary & personnel policies. Apply: Director of Nursing, Memorial Hospital, Huntsville, Ontario.

Registered Nurses for General Duty (2) urgently needed for 48-bed hospital. Highest salary paid. Telephone 378 or reply to: The Administrator of St. Joseph's General Hospital. Little Current, Ontario.

Registered Nurses for General Duty in modern 18-bed Private Hospital, in iron mining town, 150-mi. north of Sault Ste. Marie, Ontario. Starting salary $281 min. to $316 max. for experience, less $20 per mo. for maintenance .Excellent accommodations & personnel policies, transportation allowance after 6-mo. service. Apply: Superintendent, Miss O. Keswick, Lady Dunn Hospital, Wawa, Ontario.

Registered Nurses for General Staff & Operating Room in modern hospital (opened in 1956). Situated in the Nickel Capital of the world, pop. 50,000. **Salary: $285 per mo.** with annual merit increments, **plus annual bonus plan.** 40-hr. wk. Recognition for experience. Good personnel policies. Assistance with transportation can be arranged. Apply Director of Nursing, Memorial Hospital, **Sudbury,** Ontario.



TORONTO GENERAL HOSPITAL

REQUIRES

Registered Nurses and Certified Nursing Assistants
for Medical and Surgical Services
including newly opened Neurosurgical and Cardiovascular Units
Rewarding Experience — Excellent Personnel Policies

For information write to:

Director of Nursing, Toronto General Hospital, 101 College Street, Toronto 2, Ontario.

THE VANCOUVER GENERAL HOSPITAL

1. SUMMER VACATION RELIEF

Appointments for the 1961 summer are now available.

2. NURSING POSITIONS

Appointments on a continuing basis are available.

Good personnel policies in effect including medical welfare plan,
40 hour week — four weeks vacation.

Salary $297 - $359 per month
with consideration for experience or special preparation.

Please apply to:

PERSONNEL DEPARTMENT,
10TH AVENUE AND HEATHER STREET,
VANCOUVER 9, BRITISH COLUMBIA.

Registered Nurses for Staff Duty & Operating Rooms in General Hospital. Modern wings increasing to 64-beds to be opened this summer. Good salary & personnel policies. Apply to: Director of Nursing, Arnprior & District Memorial Hospital, Arnprior, Ontario.

Registered General Duty Nurses (Immediately) for modern 162-bed General Hospital. Starting salary $275, 40-hr. wk., 8 statutory holidays, O.H.A. pension plan & sick leave benefits. Stratford is an attractive city of 20,000, within easy reach of larger cities. Apply: Director of Nursing, General Hospital, Stratford, Ontario.

Registered Staff Nurses for Operating Room Department: A new, well equipped unit; rotating hours of duty; attractive personnel policies. Apply to: Director of Nursing, The Doctors Hospital, 45 Brunswick Avenue, Toronto, Ontario.

General Duty Nurses for an accredited 64-bed hospital. Starting salary: $285, Excellent personnel policies, pension plan, residence accommodation. Apply Director of Nursing, Douglas Memorial Hospital, Fort Erie, Ontario.

General Duty Nurses Male & Female & Certified Nursing Assistants (Immediately) for 86-bed hospital, 40-hr. wk., 8 statutory holidays & other employee benefits. Collingwood is situated on Georgian Bay & is noted as a vacationland with 7-mi. sand beach along with great skiing on the Blue Mountains in winter. For further information apply: Director of Nursing Services, General & Marine Hospital, Collingwood, Ontario.

General Duty Nurses & Certified Nursing Assistants for modern 50-bed active hospital, 40-hr. wk. with all statutory holidays, pension plan & sick leave benefits. Meaford is situated on Georgian Bay & is an all year resort town. For further information apply to: Director of Nursing Services, General Hospital, Meaford, Ontario.

General Duty Nurses for modern 100-bed hospital with building program just completed. Registered start at $285 monthly, Graduates at $250; 40-hr. wk., benefits include accident, sickness & life insurance, hospital & medical insurance plans, & O.H.A. Pension Plan. Opportunities for O.R. work. Busy hospital located near Point Pelee National Park, short drive from Detroit, Michigan. Apply: Miss Tillett, Director of Nursing, Leamington District Memorial Hospital, Leamington, Ontario.

General Duty Nurses for 100-bed hospital, up-to-date facilities in a beautiful location on the shore of Lake Erie. Salary $285 per mo. with recognition for P.G. courses, 40-hr. wk. Residence available. Apply: Director of Nursing, General Hospital, Port Colborne, Ontario.

General Duty Nurses for 100-bed modern hospital, south-western Ontario, 32-mi. from London. Salary commensurate with experience & ability; $285 gross. Residence accommodation available. Pension plan. Apply giving full particulars to: The Director of Nurses, District Memorial Hospital Tillsonburg, Ontario.

General Duty Nurses for 350-bed General Hospital located in downtown Toronto — Rotating hours of duty, attractive personnel policies, in-service education program. Apply to: Director of Nursing, The Doctors Hospital, 45 Brunswick Avenue, Toronto 4, Ontario.

General Duty Nurses for new 35-bed active hospital. Salary $250 for Registered. 40-hr. wk., 8 statutory holidays, full particulars, apply: Superintendent, Uxbridge Hospital, Uxbridge, Ontario.

Operating Room Nurses & General Duty Nurses for 69-bed hospital on beautiful Georgian Bay, Penetanguishene, Ontario. Apply stating qualifications to: Director of Nursing, General Hospital, Penetanguishene, Ontario.

Public Health Nurses (qualified) for an expanding urban-rural Health Unit. Personnel policies on request. Apply to: Director of Nursing, Simcoe County Health Unit, Court House, Barrie, Ontario.

Public Health Nurse (qualified) for a completely generalized program. Salary range, pension plan and other personnel policies given on request. Applicant must have car. Apply to: Dr. W. H. Cross, Muskoka District Health Unit, Bracebridge, Ontario.

Public Health Nurses (Qualified) for generalized program. Minimum salary $3,700, annual increments $150, liberal transportation allowance & other benefits. Apply to: A. E. Thoms M.D., Director, Leeds & Grenville Health Unit, Brockville, Ontario.

Public Health Nurses (Qualified). Salary $3,500 - $4,500; annual increment $200, 5-day wk., car provided or car allowance. Apply to: Dr. Charlotte M. Horner, Director, Northumberland-Durham Health Unit, Box 337, Cobourg, Ontario.

Public Health Nurses (qualified) for generalized program. Minimum salary $3,750 with annual increments & allowance made for experienced nurses. Apply to: Supervisor of Nursing, Fort William & District Health Unit 900 Arthur Street, Fort William, Ontario.

Public Health Nurses for generalized program in rural-urban county of 53,000 people. Minimum salary $3,700. For further details write: Director, Huron County Health Unit, Goderich, Ontario.

SUDBURY GENERAL HOSPITAL

of the

IMMACULATE HEART OF MARY



ON LAKE RAMSAY

Modern Hospital and School of Nursing

Active in-Service Program

Openings for Teachers and General Staff Nurses

Apply:

DIRECTOR OF NURSING, SUDBURY GENERAL HOSPITAL, SUDBURY, ONTARIO.

THE SARNIA GENERAL HOSPITAL

OFFERS EXCELLENT OPPORTUNITIES FOR

REGISTERED NURSES

AND

CERTIFIED NURSING ASSISTANTS

The hospital is modern, fully approved (J.C.A.H.) with plans for an expansion program to be completed over the next five years.

Sarnia is a rapidly growing city located midway on the seaway, 60 miles north of Detroit and Windsor and 60 miles west of London. It is a summer resort area noted for swimming and boating as well as being located a reasonable distance from the skiing resorts in Northern Michigan.

Excellent benefits include a 40 hour week, regular rotation of shifts with premium pay for evenings and nights.

SALARY SCHEDULE:

for Registered Nurses — $280 per month to $332 per month

for Certified Nursing Assistants — $192 per month to $218 per month

Apply to:

PERSONNEL DIRECTOR, SARNIA GENERAL HOSPITAL, SARNIA, ONTARIO.

Public Health Nurse (qualified) salary $3,650 - $4,400, allowance for experience. 5-day wk., 4-wks. vacation, sick leave credits, P.S.I., pension plan. Apply to: Mr. A. F. Stewart, Secretary-Treasurer, Wentworth County Health Unit, Court House, Hamilton, Ontario.

Public Health Nurses (qualified) for generalized program in a highly urbanized & rural area. Personnel policies & further information on request. Apply to: Dr. A. F. Bull, Medical Officer of Health, Halton County Health Unit, Milton, Ontario.

Public Health Nurses (2-qualified) for generalized program, annual increments $200, 5-day wk., car allowance 10 cents per mile, group insurance plan, 4-wk. vacation. Apply stating salary expected to: Dr. W. N. Turpel, M.O.H. & Director, Lennox & Addington County Health Unit, Napanee, Ontario.

Public Health Nurses (2-qualified) for generalized program with City of Peterborough. Personnel policies available on request. Apply to: R. D. P. Eaton, M.B., D.P.H. Medical Officer of Health, City Hall, Peterborough, Ontario.

Public Health Nurses (qualified) for generalized program including some bedside nursing. Salary $3,500 with 10 annual increments of $200. Employer shared pension plan, group insurance & P.S.I. Location 25-mi. from Toronto. Apply to: The Director, Ontario County Health Unit, Pickering, Ontario.

Public Health Nurse (Qualified-Catholic) for St. Elizabeth Visiting Nurses' Association. Minimum salary $3,825, annual increment, 5-day wk., 4-wk. vacation. $100 uniform allowance. Pension, P.S.I., Blue Cross. Apply: Director, 67 Bond Street, Toronto 2, Ontario. EM 8-1863.

Public Health Nurses (qualified) for generalized program in the Township of North York (pop. over 250,000) adjacent to Toronto. Salary range $3,840 - $4,413, starting salary based on experience, excellent employee benefits. Apply to: Dr. Carl E. Hill, M.O.H., 5000 Yonge Street, Willowdale, Ontario.

Public Health Nurses for generalized program, salary range $3,700 - $4,500 (minimum based on experience). Good personnel policies, 3-wk. vacation, accumulative sick leave, pension plan & other benefits. Apply to: Dr. J. Howie, Director, Metropolitan Windsor Health Unit, 2090 Wyandotte Street East, Windsor, Ontario.

Public Health Nurse for generalized public health nursing service in Oxford County. Salary range $3,400 — $4,275 with annual increments of $175, 5-day-wk., 1-mo. vacation. Good personnel policies including car allowance, pension plan, cumulative sick leave. Loan available for purchase of car. Apply to: Supervisor of Public Health Nursing, Oxford Health Unit, Woodstock, Ontario.

BERMUDA

Registered Nurses for General Duty Staff. Salary commences at £46-0-0 per mo. with full maintenance. Transportation allowance. For full particulars apply: Matron, King Edward VII Memorial Hospital, Bermuda.

Registered Nurses for Operating Room with operating room postgraduate course and/or experience, for 140-bed hospital. Travel allowance paid. For particulars, write: Matron, King Edward VII Memorial Hospital, Bermuda.

QUEBEC

Assistant Head Nurses; excellent personnel policies. Apply Director, Shriners' Hospital for Crippled Children, 1529 Cedar Avenue, Montreal, Quebec.

Operating Room Supervisor for modern, accredited 60-bed hospital. Living accommodation available in new motel-style nurses' residence. Apply stating qualifications & salary expected to: Superintendent, Barrie Memorial Hospital, Ormstown, Quebec.

Registered Nurses & Certified Nursing Assistants for modern 60-bed General Hospital, salary $275 per mo. 5 semi-annual increases; 40-hr. wk., 4-wk. vacation. Cert. N.A. starting salary $200, 3-wk. vacation. Accommodation available in new motel-style nurses residence. Apply: Superintendent, Barrie Memorial Hospital, Ormstown, Quebec.

Registered Nurses for 30-bed General Hospital, 50-mi. from centre of Montreal, excellent bus service. Starting salary $275 per mo., 3 semi-annual increases, 40-hr. wk., 4-wk. annual vacation, statutory holidays, 2-wk. sick leave, Blue Cross paid, living accommodation available. Apply: Mrs. D. Hawley, R.N., County Hospital, Huntingdon, Quebec.

SASKATCHEWAN

Registered Nurses for General Duty in Operating Room, Emergency & Ward service in 180-bed hospital. Working conditions as recommended by the Saskatchewan Registered Nurses' Association. Apply to: Miss G. I. Bradshaw, Director of Nursing, Victoria Union Hospital, Prince Albert, Saskatchewan.

Registered General Duty Nurses for new 10-bed hospital. Salary as per SRNA Schedule. 40-hr. wk., 1½-days sick leave accumulative up to 90-days, 8 statutory holidays, T.V., board & lodging $34.50 per mo. Apply to: Mr. R. D. Campbell, Secretary-Manager, Union Hospital, Rabbit Lake, Saskatchewan.

ROYAL PERTH HOSPITAL
WESTERN AUSTRALIA

MATRON

Applications are invited from suitably qualified members of the Nursing profession to fill the post of Matron, which is a permanent full-time appointment. Experience in a Senior Nursing Executive position is essential.

Preference will be given to candidates with a Diploma of Administration (Nursing) or other appropriate higher qualifications, and to those whose experience has been gained in medical teaching hospitals.

Royal Perth Hospital has a bed capacity of 850 including 110 beds at the Shenton Park Annexe which is approximately four miles from Perth. It is the principal teaching hospital associated with the Medical School of the University of Western Australia. The Nursing Staff establishment provides for 932 personnel, including 655 student nurses.

CONDITIONS:

SALARY: £A2,036 (£1,622 Sterling) per annum. This rate of remuneration is adjustable by: —

(i) Statutory cost of living adjustments.

(ii) Deduction of a nominal Board and Lodging charge of £A2.0.0 per week.

QUARTERS: A self-contained flat is provided in one of the Nurses' Homes. A new block of Nurses' Flats (construction of which will shortly commence) will provide alternative accommodation for Matron.

GENERAL: Four weeks' annual leave; long service leave (three months after ten years' service); superannuation available; uniforms are provided, or alternatively an allowance of £A13 per annum is payable, if desired.

TRANSPORT EXPENSES: A minimum First-Class sea passage provided together with a reasonable amount for removal of personal effects. In connection with this grant the Appointee will be required to enter into a bond to remain in the Hospital's service for three years.

A Memorandum of Information concerning Royal Perth Hospital, its Nursing Service and the School of Nursing is available upon request.

Details concerning the City of Perth and the State of Western Australia may be obtained from the Agent General for Western Australia, Savoy House, 115 Strand, London, W.C.2.

Applicants should state age, marital status, qualifications, experience, training school, schedule of hospital appointments held (including present post), a recent photograph, and the names and addresses of three referees together with any other relevant information for the guidance of the Board of Management.

CLOSING DATE: 30th June, 1961

Joseph Griffith
ADMINISTRATOR

Registered Nurses for General Duty for 24-bed hospital, a new 34-bed hospital presently under construction. Present hospital to be converted to a nursing home for the aged. Salary schedule $290-$350 gross, $10 increments every 6-mo. Living accommodation available in new residence. T.V. set, board & lodging $34.50 per mo., 3-wk. vacation after 1 year service. 8 statutory holidays, 1½ days sick leave accumulative up to 90-days, 40-hr. wk., bus service daily to major city. Apply to: Secretary-Manager, Union Hospital, Leader, Saskatchewan.

U.S.A.

Registered Nurses for modern 374-bed JCAH fully accredited General Hospital. Located on beautiful San Francisco Peninsula, 20-min. drive from the heart of the city. Openings in all services. Excellent personnel policies. Many extra benefits & opportunities for advancement. Top salaries. Apply: Personnel Director, Peninsula Hospital, 1783 El Camino Real, Burlingame, California.

Registered Nurses, (eligible for California registration) for new 254-bed JCAH approved district hospital, San Francisco Bay area. Positions available in surgery, Gyn. O.B., pediatrics & medicine. **Staff Nurses** entrance salary $350 with range to $390 per mo. Supervisory positions at increased rate. Special area & evening differential paid. Free Blue Cross hospitalization & surgical coverage with liberal personnel policies & fringe benefits. Uniforms laundered free. Excellent modern housing, schools & colleges. Apply: Director of Nursing, Eden Hospital, 20103 Lake Chabot Road, Castro Valley, California.

Registered Nurses (Come to sunny California) **Staff Nurses for permanent positions,** various departments, days, eves, nights. Excellent starting salary, increments, benefits & working conditions in one of the largest & finest general hospitals in the West. For details write: Personnel Department, Queen of Angels Hospital, 2301 Bellevue Avenue, Los Angeles 26, California

Registered Nurses for private 258-bed hospital for men, women & children. Staff Nurse salaries from $345 - $415, differentials for evenings, nights, communicable disease, operating room & delivery. Opportunities in all clinical areas. Holidays, vacations, sick leave & health insurance. California registration required. Applications & details furnished on request. Contact: Personnel Director, Children's Hospital, 3700 California Street, San Francisco 18, California

Registered Nurses General Duty for 230-bed approved teaching hospital, resort city. Salary $330 plus $22.50 shift differential, provision for housing allowance. Apply: Director of Nursing, Cottage Hospital, Santa Barbara, California.

General Duty Staff Nurses for 450-bed fully approved hospital. Salary range per mo., — day duty $404-$423, P.M. & night duty — $414-$434. 40-hr. wk., excellent personnel policies. Registration or permit to work in California required. Address applications to: The Chief Nurse, Southern Pacific Hospital, San Francisco 17, California.

Staff Nurses for 144-bed General Hospital (30 min. from Los Angeles cultural & educational center). **General Duty:** $345 per mo. min.-days. ($22.50 dif. for 3-11 & $10 dif. for 11-7). Benefits: Time and ½ over 8-hrs. or 48-hr. wk. Soc. Sec., 2-wk. vacation end of 1-yr. 6 paid holidays, 1 day month sick leave (cumulative to 30-days). **Graduates** of accredited schools — California license obtainable immediately. Apply: Mildred Croddy, R.N., Director of Nursing, Martin Luther Hospital, 1825 W. Romneya, Anaheim, California.

Staff Nurses for new modern 800-bed General & Tuberculosis Institution in beautiful San Joaquin Valley city — no smog — no snow — 235,000 in metro, area, midway between Los Angeles & San Francisco, close to 3 National Parks, 2 colleges & other cultural advantages. Full maintenance available. Immediate appointment. $4,320 to $5,400 per year. Apply immediately to: Director of Personnel, Fresno County Civil Service, Room 101, Hall of Records Building, Fresno 21, California.

Staff Nurses for 300-bed General Hospital. Attractive personnel policies plus differential for specialties, afternoon & night duty. Opportunities for advanced education. Apply to: Director of Nursing Service, Kaiser Foundation Hospital, Oakland 11, California

General Duty Nurses for 72-bed hospital located in college town in mountainous portion of Colorado. Salary $350 per mo. with periodic increases, fringe benefits — including meals, sick leave, vacation, etc. Contact: Superintendent, Community Hospital, Alamosa, Colorado.

Registered Nurses for expanding 424-bed General Hospital near Chicago's West Side Medical Center. Starting salary $390; $420 for P.M.'s & nights. Benefits include 8 paid holidays, up to 4-wk. vacation, sick leave, Blue Cross & pension plan. Convenient to "Loop" & super highways. Private room accommodations available. Write: Diretor of Nursing Service, Dept. C.J.N., Mount Sinai Hospital Medical Center, 2750 W. 15th. Place, Chicago 8, Illinois.

Registered General Duty Nurses for 154-bed General Hospital with expansion program under way. Along the shores of Lake Michigan, 25 mi. from Chicago. Salary: $365 for days, $395 for evenings, $385 for nights, 5 day wk. Good personnel policies. Apply Personnel Director, Highland Park Hospital Foundation, 718 Glenview Ave., Highland Park, Ill.

JEWISH GENERAL HOSPITAL

MONTREAL QUE.



NURSING OPPORTUNITIES

In this modern 400-bed non-sectarian hospital for: Head Nurses • Instructor • Staff Nurses • Certified Nursing Assistants.

• Openings in all Clinical Services • Excellent personnel policies • Bursaries for post-basic courses in Teaching and Administration.

For further information, please write:
DIRECTOR OF NURSING, JEWISH GENERAL HOSPITAL, 3755 COTE ST. CATHERINE ROAD, MONTREAL, QUE.

REGISTERED NURSES

WANTED IMMEDIATELY

for 15-bed Company-owned General Hospital in North Western Quebec mining town. Hospital was built in 1957 & is well equipped, with separate Nurses' Residence. Starting salary $350 per month. Board & room $1.00 per day, three weeks annual vacation, group insurance & medical plan. Yearly salary increments based on ability. Incoming transportation will be reimbursed after three months. Ability to speak French & English would be an asset but is not necessary. Chapais is a young town populated with young people, a relatively high proportion of whom speak English. There are rail, plane & road connections.

Apply in writing stating references to:

OFFICE MANAGER, OPEMISKA COPPER MINES (QUEBEC) LTD.,
P.O. BOX 10, CHAPAIS, QUEBEC.

Operating Room Nurses (Days & P.M.) 154-bed General Hospital located in beautiful residential suburb along the north shore of Lake Michigan just north of Chicago. Modern ranch style nurses' homes with attractively furnished private bedrooms. 40-hr. wk. Salary: $390 days, $420 evenings, other employee benefits. Contact: Personnel Director, Highland Park Hospital Foundation, Highland Park, Illinois.

Staff Nurses General Hospital within 20 minutes of New York City. Openings on all services & shifts. Salary & benefits equal to or exceeds other hospitals in North Jersey area. Contact: Personnel Department, St. Elizabeth Hospital, 204 So. Broad Street, Elizabeth, **New Jersey.** — PHONE EL 5-3100.

SCHOOL NURSE for small infirmary in girls' private school, 20-mi. from N.Y.C., pleasant opportunity. Apply: P.O. Box 308-Summit, New Jersey.

Staff Nurses present 260-bed hosp. with 120 Med-Surg. beds now under construction for completion Aug. 61. Trans. pd. 1st. class air to Albuq. & return within U.S. in exchange for 1-yr. emp. contract. Come to New Mexico "Land of Enchantment". Career opportunities, largest pvt. JCAH accredited hosp. in state; near U of New Mexico — R.N. & B.S.pgm. Practical Nurse pgm. accredited state & NAPNE. Vacancies, Med-Surg. & occasionally O.B., Peds. & O.R. Salaries $315 per mo. Even., Night or O.R. with call; 6-mo. increases up to $375; Days $300 per mo. with increases up to $360. Rotation from day duty is required only when no person desiring permanent. P.M. or night tour is available. Liberal personnel policies include: optional Blue Cross, Discount Hosp., Services, pd. sick leave cumulative to 5-wks., annual physical exam., vacation 1-yr-2-wks., 2-yrs.-3-wks., 5-yrs.-4-wks. Active inservice pgm. Occasional vacancy hosp. owned apts. New Mexico licensure as professional nurse & U.S. Citizenship (or Immigration Visa) required. Write or call collect: Mrs. Emily J. Tuttle, Dir. of Nursing, Presbyterian Hospital Centre, 1012 Gold. S.E., Albuquerque, New Mexico, Phone Chapel 3-5611.

Graduate Nurses for 450-bed non-sectarian acute General Hospital with NLN fully accredited school of nursing. Liberal personnel policies include tuition aid for study at Western Reserve University. Opening of new main building has created attractive positions for Staff Nurses in medical, surgical, obstetric & pediatric divisions. Apartments available in immediate neighborhood. Apply: Miss Louise Harrison, Director of Nursing Service, Mount Sinai Hospital, 1800 East 105th. Street, Cleveland 6, Ohio.

Registered Nurses (Scenic Oregon, vacation playground, skiing, swimming, boating & cultural events) for 295-bed teaching unit on campus of University of Oregon medical school. Salary starts at $339. Pay differential for nights & evenings. Liberal policy for advancement, vacations, sick leave, holidays. Apply: Multnomah Hospital, Portland 1, Oregon.

Staff Nurses (All Clinical Services) Base salary $319, differential for 3-11 and 11-7 shifts, liberal personnel policies include sick leave retirement plan, 3-wks. vacation & laundry of uniforms. Orientation & in-service programs — housing available on campus or in vicinity of hospitals. Apply: Director of Nursing Service, The University of Texas-Medical Branch Hospitals, Galveston, Texas.

General Duty & Operating Room Nurses for 210-bed General Hospital. Start $335 days, $360 evenings, $355 nights, plus $10 for O.R., university city, 40-hr. wk., 7 holidays, extended vacations, sick leave benefits, free Blue Cross hospital-medical insurance & $2,500 life insurance, retirement program plus Social Security, extensive Intern-Resident Educational Program, living quarters available. Write, Personnel Manager, Virginia Mason Hospital, 1111 Terry Avenue, Seattle 1, Washington.

ONTARIO

Public Health Nurses (Qualified) for Victorian Order of Nurses (Toronto Branch). Minimum salary $3,800, consideration given to past experience. Annual increments, 5-day wk., 4-wk. vacation. $100 uniform allowance. P.S.I. & Supplementary Blue Cross available, pension plan benefits. Apply: Director, 281 Sherbourne Street, Toronto 2, Ontario. WA. 1-3184.

SASKATCHEWAN

General Duty Registered Nurses for 80-bed hospital, salary $285 - $360 per mo., with increments every 6-mo., 40-hr. wk. 8-statutory holidays, cumulative sick leave, 3-wk. vacation, credit for past experience & postgraduate preparation. Apply: Sister Superior, St. Joseph's General Hospital, Eastevan, Saskatchewan.

ALBERTA

Graduate Nurses (2-Immediately) for 26-bed General Hospital. Basic starting salary $290 per mo. with 6 increments of $5.00 each after each 6-mo. period, (two increments will be added to starting salary for 1 year or more previous experience). 3-wk. vacation after 1 year's employment, 10 statutory holidays per year, modern nurses' residence, uniforms laundered free. Apply: Mrs. E. Lindsay, Superintendent, Municipal Hospital, Provost, Alberta.

ONTARIO

Registered Nurses for General Duty (Immediately) for 35-bed hospital, starting salary $280 per mo. Apply: Little Long Lac Hospital, Geraldton, Ontario.

HAMILTON GENERAL HOSPITALS

Opportunities for

PROFESSIONAL NURSES

Positions available in all Clinical Areas

(1) Obstetrical Unit

Apply to:
SUPERINTENDENT OF NURSING,
MOUNT HAMILTON HOSPITAL,
CONCESSION STREET,
HAMILTON, ONTARIO.

(2) Medical Unit

Apply to:
SUPERINTENDENT OF NURSING,
NORA-FRANCES HENDERSON HOSPITAL,
CONCESSION STREET,
HAMILTON, ONTARIO.

(3) Medical - Surgical - Pediatric Unit & Operating Room

Apply to:
DIRECTOR OF NURSING,
HAMILTON GENERAL HOSPITAL,
BARTON STREET EAST,
HAMILTON, ONTARIO.

Personnel Policies sent on request.

DIRECTOR OF NURSING

REQUIRED FOR

163-bed hospital for a term of nine to twelve months, while present director is on a leave of absence to further her postgraduate studies.

For further particulars please write to:

ADMINISTRATOR,
KIRKLAND AND DISTRICT HOSPITAL,
KIRKLAND LAKE, ONTARIO.

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For

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Requires Immediately

QUALIFIED EXPERIENCED PUBLIC HEALTH NURSES

YOU WILL RECEIVE —

- GOOD SALARY RANGE
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- 3-MONTH TRAINING COURSE

You will deal directly with children, their parents and service club members.

Join our expanding staff for a rewarding experience

Apply to:

MISS SARA E. OLIPHANT REG.N.
SUPERVISOR OF NURSING
ONTARIO SOCIETY
FOR CRIPPLED CHILDREN
92 COLLEGE ST., TORONTO 2

ALBERTA

Registered Nurses for General Duty for 37-bed hospital. Gross salary $285, perquisites $20, $5.00 increment every 6-mo., separate residence. Apply to: Matron, Municipal Hospital, Vulcan, Alberta.

General Duty Nurses (preferable with operating or case room experience), for busy 20-bed hospital. Salary $285 with recognition for experience. Accommodation in new, separate residence $30, 28-days vacation after 1 year, 40-hr. wk., Apply to: Miss A. M. Morrison, Matron, Municipal Hospital, Bow Island, Alberta.

ENGLAND

Plastic Surgery, Jaw Injuries & Burns Centre, St. Lawrence Hospital, Chepstow, Mon. England. (127-Plastic Surgery, 50-Orthopedic beds). 6-mo. postgraduate course on Plastic Surgery for Canadian Trained Nurses commences October 1st. Post provides opportunity of gaining further experience & seeing something of England. Full national Nurses' salary paid. Good knowledge of English essential & must pay own fare to England. This post provides an opportunity for those who wish to take a working holiday with pay. Write quoting 2 references to T. A. Jones, Group Secretary, 64 Cardiff Road, Newport, Mon. England.

MANITOBA

Matron (Immediately) for 35-bed hospital in Southern Manitoba. Starting salary $350 per mo. 40-hr. work wk., separate residence with room & board available at $45 per mo., free laundry services. Apply with references to: O. Hamm, Administrator, Altona Hospital District No. 24, Box 660, Altona, Manitoba.

Registered Nurses (2) for 42-bed hospital located 38-mi. from Winnipeg. Salary $295-$335 per mo., $5.00 increments every 6-mo. for a total of 8 increments. 40-hr. wk., modern nurses' residence, complete maintenance $45 per mo., usual holidays & sick leave benefits. For further information & application forms write to: Miss Josephine Giesbrecht, R.N., Superintendent of Nurses, Bethesda Hospital, Steinbach, Manitoba.

NORTHWEST TERRITORIES

General Duty Nurse (1) Operating Room Nurse (1) with postgraduate course, for 44-bed hospital in progressive northern gold-mining town. Salary $294 with $10 increments yearly for 3 years, maintenance $25, 1-mo. annual vacation. Transportation, Edmonton-Yellowknife, plus freight on 100# of baggage, provided. Apply: Director of Nursing, Stanton Yellowknife Hospital, Yellowknife, Northwest Territories.

ONTARIO

Registered Nurses & Certified Nursing Assistants for 26-bed hospital. R.N. salary $305-$352. 28-day vacation after 1-yr. C.N.A. salary $221-$252, 2-wk. vacation after 1-yr., 3-wk. after 2-yr. Credit for past experience, $5.00 increment every 6-mo., 40-hr. wk., 8 statutory holidays. Room & board $45.00 per mo., 1-day sick leave per mo. Apply to: Mrs. G. Gordon, Superintendent, District Memorial Hospital, Box 37, Nipigon, Ontario.

Public Health Nurses for generalized Public Health Nursing service in urban & rural areas. Starting salary $3,500. Shared cost of hospitalization & P.S.I. One month vacation, pension plan, basic car allowance plus mileage. Apply: Dr. G. Murray Fraser, Director, Brant County Health Unit, Brantford, Ontario.

Public Health Nurses (Qualified) for generalized program in rural & semi-urban area adjacent to Metropolitan Toronto. Excellent working conditions including pension plan, group insurance, transportation arrangements. Write: Dr. R. M. King, York County Health Unit, 64 Bayview Avenue, Newmarket, Ontario.

QUEBEC

Nursing Office Supervisor, Medical Arts Instructor, Nursing Arts Instructor for 300-bed Toronto Hospital with expansion program, invites applications from experienced staff. Excellent conditions, rates of pay, & employee benefits. Apply in confidence. — Box O, The Canadian Nurse Journal, 1522 Sherbrooke Street West, Montreal 25, Quebec.

SASKATCHEWAN

Registered Nurses (2) for 22-bed hospital. Salary $290 with increments to $367 per mo., 2-yr. exp. start at $319 per mo., board $34.50, personnel policies in accordance with Registered Nurses' Association. Residence on grounds with T.V. Apply: Secretary, Union Hospital Vanguard Saskatchewan.

Registered Nurses for General Duty in 85-bed hospital. For information apply to: Matron, Municipal Hospital, Lloydminster, Saskatchewan.

General Duty Nurses for 100-bed General Hospital. With Saskatchewan Registration., Basic salary $280 with recognition for previous experience, P.G. courses, & university training. Good personnel policies, residence accommodation & meals if desired. Apply to: Director of Nurses, Union Hospital, Weyburn, Saskatchewan.

U.S.A.

Attention! General Duty Nurses 400-bed fully accredited County Hospital located 2 hr. drive from San Francisco, ocean beaches & mountain resorts in modern & progressive city of 35,000. 40-hr. 5-day wk., 3-wk. pd. vacation, paid holidays, pd. sick leave, retirement plan, social security, & insurance plan. Accommodations in nurses' home, meals at reasonable rates, uniforms laundered without charge. Starting salary $341 per mo. plus shift & service differentials. Increase in 6-mo. Salary adjustments being studied. Must be eligible for California Registration. Write Director of Nursing, Stanislaus County Hospital, 830 Scenic Drive, Modesto, California.

THE MONTREAL GENERAL HOSPITAL

invites applications from Registered Nurses for positions in the

OPERATING ROOM

and on a variety of

NURSING UNITS

Please apply to:

THE DIRECTOR OF NURSING
THE MONTREAL GENERAL HOSPITAL
1650 CEDAR AVENUE
MONTREAL, QUEBEC

McKELLAR GENERAL HOSPITAL

School of Nursing

will have openings for

INSTRUCTORS

in Medicine, Surgery and Pediatrics

by July 15th, 1961

Qualified applicants are invited to apply:

Salary commensurate with experience and qualifications.

Apply to:

DIRECTOR,
McKELLAR GENERAL HOSPITAL,
FORT WILLIAM, ONTARIO.

BROCKVILLE GENERAL HOSPITAL

Invites application for:

(1) INSTRUCTOR

Certified Nursing Assistant Course.

(2) SUPERVISOR

Nursing Service

Apply to:

DIRECTOR OF NURSING,
BROCKVILLE GENERAL HOSPITAL,
BROCKVILLE, ONTARIO.

HAMILTON GENERAL HOSPITALS SCHOOL OF NURSING

Requires

1 INSTRUCTOR FOR PEDIATRIC NURSING

1 INSTRUCTOR FOR MEDICAL NURSING

Qualifications: One year or more of University preparation in Nursing Education. The School of Nursing has a program of 2 years correlated theory and practice plus 1 year internship for approximately 300 students.

Apply to:

DIRECTOR OF NURSING,
HAMILTON GENERAL HOSPITALS
BARTON STREET EAST
HAMILTON, ONTARIO.

GRENFELL LABRADOR MEDICAL MISSION

REQUIRES

NURSES FOR HOSPITALS IN LABRADOR
AND NORTHERN NEWFOUNDLAND

For full information please write:

MISS DOROTHY A. PLANT, SECRETARY
48 SPARKS STREET, OTTAWA 4, ONTARIO.

DIRECTOR OF NURSING

Applications are invited for the position of Director of Nursing for the Vernon Jubilee Hospital, Vernon, B.C. This hospital, situated in the Okanagan Valley is a 105 modern, fully accredited hospital expanding to 170 beds within two years. Successful applicant will be expected to assist with the planning of the nursing department of the new addition. Vacancy open June 1st. to July 1st. Salary open. Applicant should state in first letter, age, marital status, detailed history of experience and qualifications, professional and personal references.

Address applications to:

MRS. E. WHITEHEAD c/o VERNON JUBILEE HOSPITAL,
VERNON, BRITISH COLUMBIA.

CLINICAL INSTRUCTORS IN PSYCHIATRIC NURSING

Department of Nursing Education
B.C. Mental Health Services

RESPONSIBILITIES — classroom and clinical teaching in Psychiatric Nursing to psychiatric and affiliate nursing students. QUALIFICATIONS — eligibility for B.C. Registration; university degree or certificate; graduate experience in nursing desirable. PERSONNEL POLICIES — 40-hour week Monday through Friday; four weeks' annual vacation, plus ten statutory holidays, medical and superannuation plans; SALARY commensurate with experience and preparation. For information and application forms write to **The Associate Director of Nursing Education, Education Centre, ESSONDALE, B.C.** **COMPETITION NO. 61:178**

Instructor Required

Applications are invited for the position of Chief Instructor to assume responsibility for the Nursing Education program in a School of Nursing of thirty students. (Full time staff of three).

This position offers an extraordinary opportunity for the right person.

Personnel policies are attractive and salary is equal or better than average.

Direct enquiries to:

DIRECTOR OF NURSING,
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RENFREW, ONTARIO.

INSTRUCTOR

with postgraduate preparation required for modern, 130-bed chest hospital. Student affiliation and in-service program. Good personnel policies. Salaries commensurate with experience and education. Experience in chest work desirable but not essential.

Apply:

DIRECTOR OF NURSING,
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INSTRUCTORS

with university preparation invited to further their nursing experience in a progressive School of Nursing.

Patient-centered curriculum being adopted.

Fifty students admitted each year.

300-bed hospital in a beautiful city near Toronto.

INQUIRE for salary rates, personnel policies and our teaching needs to:

DIRECTOR OF NURSING,
BELLEVILLE GENERAL HOSPITAL,
BELLEVILLE, ONTARIO.

DIRECTOR OF NURSING

Modern hospital 42-adult beds, 11-bassinets, located in a company operated town & serves a population of approximately 6,000. Salary range from $387 - $507 per mo., commensurate with experience & qualifications. Community organized recreation, residence accommodation & all conventional benefits available.

Apply giving full particulars of training & experience to:

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NEWFOUNDLAND

St. John's General Hospital

ASSOCIATE DIRECTOR OF NURSING EDUCATION

Applications are invited for the position of Associate Director of Nursing Education for a School of Nursing with approximately 200 students.

PROGRAM. 3-year course with Nurse-Interne plan. **QUALIFICATIONS.** Baccalaureate degree desirable, but not essential if adequate postgraduate experience in nursing education or if holding university certificate or diploma in the field of nursing education. **SALARY.** $3,870-$4,200 annum. **PERSONNEL POLICIES.** 5 day week, 12 statutory holidays, 15 working days' annual leave, good sick leave allowance, pensionable service without contributions.

Cost of transportation to Newfoundland will be paid from any point in Canada or United Kingdom.

Apply to:

DIRECTOR OF NURSING, GENERAL HOSPITAL, ST. JOHN'S, NFLD.

NOTRE DAME HOSPITAL OF MONTREAL

NURSES NEEDED

Salary, according to qualifications: $57.00 - $90.00 per week.
Evening differential: $7.00 per week. — Night differential: $5.00 per week.
Increases: After 6 months, 1 year, 2 years.
Free: Two meals daily — Laundering of uniforms.
Statutory holidays - 10 days; Paid sick time - 2 weeks (after 1 year)
Paid vacation: 3 weeks after 1 year, Pension plan.
Opportunities for promotion — Inservice education program.

For further information, write to:

LA DIRECTRICE DU NURSING — HOPITAL NOTRE-DAME — MONTREAL

GENERAL DUTY NURSES

FOR ALL DEPARTMENTS

Gross salary $285-$315 monthly ($131.20 - $145 bi-weekly) $265 monthly ($122 bi-weekly) until registered. Rotating periods of duty — 40 hour week, 8 statutory holidays, annual vacation 21 days. Annual sick time 12 days, cumulative to 18 days. Hospitals of Ontario, Pension plan, Ontario Hospital Insurance and Physicians' Services Incorporated, 50% payment by hospital.

Apply:

DIRECTOR OF NURSING, GENERAL HOSPITAL, OSHAWA, ONTARIO.

GUELPH GENERAL HOSPITAL

Active — 200 beds — Fully Accredited

REQUIRES

HEAD NURSE
ASSISTANT HEAD NURSE
ASSISTANT O.R. SUPERVISOR
GENERAL STAFF NURSES
CERTIFIED NURSING ASSISTANTS

Pleasant city of 38,000 close to larger centers

Excellent salary and personnel policies. Pension plan

For further details apply to:

THE DIRECTOR OF NURSING, GENERAL HOSPITAL, GUELPH, ONTARIO.

SUPERVISOR

for

OBSTETRICAL DEPARTMENT

SAINT JOHN GENERAL HOSPITAL

June 1, 1961

75-beds (Labor - Postpartum)
80-bassinettes

Apply stating qualifications and experience to:

DIRECTOR OF NURSING,
SAINT JOHN
GENERAL HOSPITAL,
SAINT JOHN, NEW BRUNSWICK.

KINGSTON GENERAL HOSPITAL

requires

GENERAL DUTY NURSES

for:

Medical and Surgical Floors (male or female Registered Nurses considered for all above positions)

Certified Nursing Assistants

Clinical Instructor for Maternity and Pediatrics.

Supervisor for Maternity.

For full details relating to hours, vacations and benefits, apply to:

DIRECTOR OF NURSING, KINGSTON GENERAL HOSPITAL, KINGSTON, ONTARIO

BURLINGTON, ONTARIO

REGISTERED NURSES

and

CERTIFIED NURSING ASSISTANTS

are needed for

a new 225 bed hospital

to be opened

February 1961

For information, write to:

DIRECTOR OF NURSING
JOSEPH BRANT MEMORIAL HOSPITAL
1240 NORTH SHORE BLVD., BURLINGTON, ONTARIO

THE SCHOOL OF NURSING, BROCKVILLE GENERAL HOSPITAL

BROCKVILLE, ONTARIO

Requires

Science Instructor

Requirements: University preparation in Nursing Education

Salary differential for degree

Progressive Policies in Progressive Surroundings.

THE PETERBOROUGH CIVIC HOSPITAL

REQUIRES

Administrative Supervisor evening and night rotation of duty.
Administrative Supervisor for Operating Room
Instructor in Surgical Nursing
Instructor in Medical Nursing
For further information write:

THE DIRECTOR OF NURSING

PETERBOROUGH CIVIC HOSPITAL, PETERBOROUGH, ONTARIO

SUDBURY MEMORIAL HOSPITAL

REQUIRES

Supervisor — Nursing Office — day duty, responsible for in-service program for General Staff Nurses.

Supervisor — for Obstetrical Department.

Apply:

DIRECTOR OF NURSING,
SUDBURY MEMORIAL HOSPITAL, REGENT ST. S., SUDBURY, ONTARIO.

UNIVERSITY HOSPITAL

SASKATOON, SASKATCHEWAN

Requires

General Staff Nurses for Medical, Surgical, Obstetrical and Pediatric Services. Forty hour week. Salary $280 to $320 gross per month. Differential for evening and night duty. Temporary residence accommodation if desired.

Apply to:

DIRECTOR OF NURSING, UNIVERSITY HOSPITAL,
SASKATOON, SASKATCHEWAN

QUEEN ELIZABETH HOSPITAL OF MONTREAL

MONTREAL, QUEBEC

Positions available immediately for Registered Nurses, general duty in new wing of hospital, intensive care unit, general medical-surgical wards & obstetrical unit. Salaries are paid in accordance with recommendation of Association of Nurses of the Province of Quebec & commensurate with experience & education.

For further information please make appointment or write to:
DIRECTOR OF NURSING, QUEEN ELIZABETH HOSPITAL OF MONTREAL,
2100 MARLOWE AVE., MONTREAL, P.Q.

DIRECTOR OF NURSING

Applications are invited for the position of Director of Nursing for new 150-bed Chronic and Convalescent Hospital to open September 1, 1961. Duties to commence on or after June 1, 1961.

Apply stating experience and salary to:

ADMINISTRATOR, FORT WILLIAM CHRONIC AND CONVALESCENT HOSPITAL,
FORT WILLIAM, ONTARIO.

Director of Nursing, Saint John Tuberculosis Hospital

Position open July 1, 1961 due to the retirement of present Director. Applicant should have previous experience in administration of Nursing Service. Living accommodation in modern residence available at nominal charge. Pension Plan, other benefits — Salary $4,224 - $4,944 depending upon qualifications.

Applications to:

G. E. MADDISON, M.D., MEDICAL SUPERINTENDENT,
SAINT JOHN TUBERCULOSIS HOSPITAL, EAST SAINT JOHN, NEW BRUNSWICK

INSTRUCTOR

required for

CITY HOSPITAL, SASKATOON, SASK., (330-beds)

A clinical instructor in obstetrical nursing. Salary commensurate with preparation and experience. Liberal vacation with pay, cumulative sick leave, superannuation plan.

Apply:

DIRECTOR OF NURSING, CITY HOSPITAL, SASKATOON, SASKATCHEWAN

ST. JOSEPH'S HOSPITAL, HAMILTON

OFFERS

OPPORTUNITIES FOR REGISTERED NURSES

Positions available in all areas

560-bed hospital — 400-bed expansion program in progress.

Sound personnel policies
In-service and orientation program

For more information write to:

DIRECTOR OF NURSING
2 ST. JOSEPH'S DRIVE, HAMILTON, ONTARIO.

PUBLIC HEALTH NURSES

REQUIRED FOR HEALTH BRANCH

B.C. CIVIL SERVICE

Positions available for qualified Public Health Nurses in various centres in British Columbia. SALARY $346-$405 per month; car provided. An opportunity for interesting and challenging professional service in this beautiful and fast-developing Province. For further information and application forms, write to The Director, Public Health Nursing, Department of Health Services and Hospital Insurance, Parliament Buildings, Victoria, B.C., or The Chairman, B.C. Civil Service Commission, 544 Michigan Street, Victoria, B.C.

COMPETITION NO. 60:484.

PUBLIC HEALTH NURSES

FOR

Generalized program

IN

Seaway Development Area

Usual benefits, Pension Plan, allowance for experience

Apply to:

DR. PAUL S. deGROSBOIS, M.O.H.
HEALTH UNIT
26 PITT STREET
CORNWALL, ONTARIO.

Applications are invited for

GENERAL STAFF NURSES

for Operating Room, Obstetrical, Medical and Surgical departments.

Good personnel policies

Apply:

DIRECTOR OF NURSING,
WOODSTOCK GENERAL HOSPITAL,
WOODSTOCK, ONTARIO.

VICTORIAN ORDER OF NURSES FOR CANADA

has Staff and Supervisory positions in various parts of Canada.

Personnel Practices Provide:

- Opportunity for promotion.
- Transportation while on duty.
- Vacation with pay.
- Retirement annuity benefits.

For further information write to:

Director in Chief,
Victorian Order of Nurses for Canada
5 Blackburn Ave., Ottawa 2, Ontario

ASSISTANT DIRECTOR OF NURSING

to organize and supervise nursing service in new mental health division.

Unique opportunity to participate in interesting pilot project in psychiatric care.

For further information apply to:

DIRECTOR OF NURSING, ROYAL OTTAWA SANATORIUM,
OTTAWA, ONTARIO.

FIELD SECRETARY

Public Health Nurse required by a voluntary health organization for a new position involving field work in Ontario.

For complete information regarding the position and the personnel policies, enquiries may be addressed to:

THE EXECUTIVE DIRECTOR,
ONTARIO DIVISION, CANADIAN CANCER SOCIETY,
165 BEDFORD ROAD, TORONTO 5, ONTARIO.

SUBURBAN TORONTO

GRADUATE NURSES & CERTIFIED NURSING ASSISTANTS

Are invited to enquire re: employment opportunities in a well staffed new 125 bed hospital in suburban west Toronto. General duty salary range: $285-$335 per mo. Certified Nursing Assistants $210-$240 per mo. 5 day week. Residence accommodation optional. Personnel manual forwarded on request. Enquire to:

DIRECTOR OF NURSING, HUMBER MEMORIAL HOSPITAL, 200 CHURCH STREET, WESTON, TORONTO 15, ONTARIO — CH 4-5551

OPERATING ROOM SUPERVISOR

for 100-bed hospital

For information apply to:

DIRECTOR OF NURSING

NORFOLK GENERAL HOSPITAL

SIMCOE, ONTARIO

NURSES WANTED

Immediate openings for

Registered Nurses

for

General Duty

40-hour week, excellent salary and personnel policies.

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Directrice des Infirmières Hygiénistes, Ecole d'hygiène
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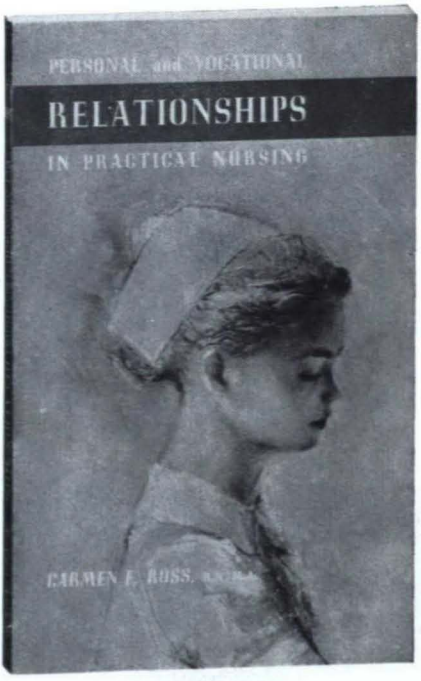
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